

Autism Parenting Magazine

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ISSUE 183

**Spot the Signs
of Bullying**

**Managing
Biting
Behaviors**

**Understanding
PTSD in
Caregivers**

**Sensory-
Friendly
Field Trips**

**Supporting
Pragmatic
Language**

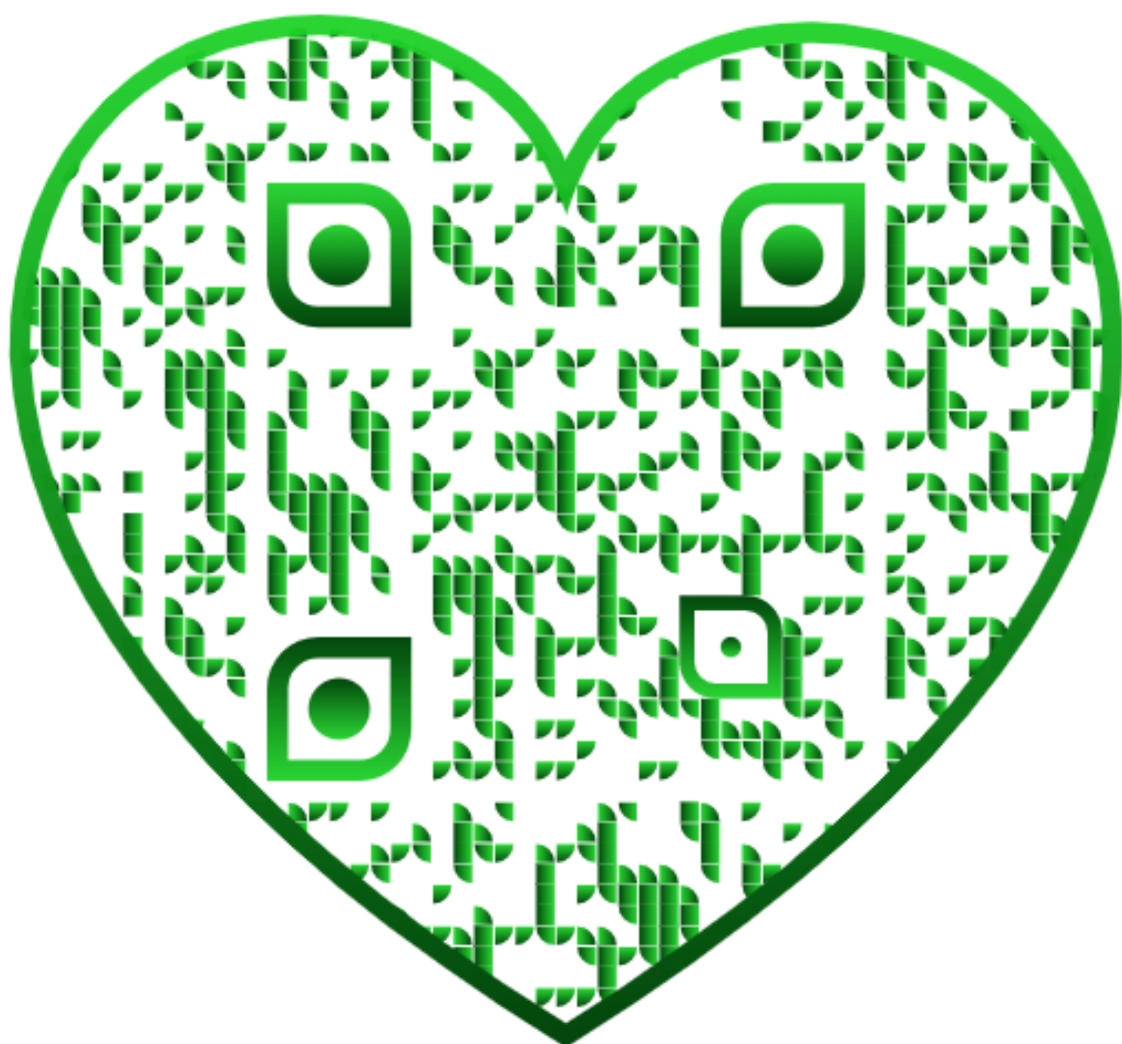
**Learning to
Ask for Help**

**Recognizing
Relationship
Abuse**

**Do Manners
Matter?**



ADDRESSING BULLYING IN AUTISM





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Editor's Letter

Dear Readers,

October can be a vibrant month with leaves changing colors and a chill in the air. The dark creeps in earlier each day as shadows loom large from bare branches that reach out like a gnarled hand. It's a month of cute pumpkin faces and spooky decorations. While ghosts and witch costumes can be scary, so can the reality of bullying that happens each day in school and even online.

Our theme this month is Understanding and Addressing Bullying in Autism. Helping our children understand and address this issue is just as important as helping them learn daily living skills or how to regulate their emotions. Parents and caregivers need to be able to recognize and know the signs so they can help their own child or someone else, especially on the spectrum, who is being bullied.

Having a chill because of the change in the weather, a spooky mask, or a creepy spiderweb can be fun. Feeling afraid to attend school or other places because of another person's taunts or bullying behavior is unacceptable. We hope you take away some helpful information to keep your child happy and safe from bullies. Now watch out for any low-flying bats, spooky skeletons, and glowing jack-o-lanterns!

Happy reading!



Sharon Longo

Editor
Autism Parenting Magazine

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Connections With Karen: Please Stop Bullying Me

By Karen Kaplan, MS

Here are ways parents can recognize and address bullying.

Why are some children at risk for being bullied? Some say that if a child is perceived as different (odd mannerisms, over- or underweight, new to an environment), they could be a target for bullying.

If some kiddos appear weak or unable to defend themselves, or if they demonstrate anxiety or seem overly sad and depressed, they too may become a target.

If they do not make friends easily or get along with others, or they have some type of disability or special need, they might also be bullied.

Signs of bullying and reasons for not speaking up

If you are a parent or teacher and are wondering if a child is being bullied, you might look out for these signs:

- unexplained injuries
- lost or destroyed clothing or personal items
- frequent [headaches](#) or stomach aches or faking these
- [changes in eating](#), possibly being hungry
- difficulty sleeping or having [nightmares](#)
- not wanting to go to school
- change in friends
- [depression](#)



Some of our children may not ask for help, fearing they may be called a tattletale. They may fear backlash from the kid who bullied them or embarrassment. They may not want you to feel sad for them or think they are lying. They also may feel like no one cares anyway, or could understand.

Some of our special needs kiddos may not even realize they are being bullied, or they may not be able to stand up to the bully or communicate this to the teacher or parent.

What can be done at school?

Here are some things that could be done at school to help our special needs students avoid bullying:

- Explain to peers about children with special needs and the support they require. Have adults assist with peer support.
- Create a buddy system.
- Involve students in classroom strategies so they can help with and understand others' needs.
- Conduct team-based learning activities and rotate student groupings.
- Implement social-emotional learning activities.
- Reward positive, helpful, inclusive behavior.
- Teach kids in schools that neurodiversity is a difference, not an impairment.
- Teach kids to use proper language that aligns with neurodiversity.
- Teach students about empathy and how a child with autism may react differently to stressful situations.
- Organize bullying prevention workshops for students in all grades.

Actions for parents

Parents, you and your child have rights, but here are some important things to be aware of and know:



- Watch for signs of bullying.
- Listen to your child and what they may be saying.
- Observe your child and their mood.
- Pay attention to behaviors that include [self-harm](#), such as cutting. Never ignore a child who talks about suicide.
- Never ignore behavior such as running away from home.
- Pay attention to your child's sleeping habits.
- Investigate why, if you see your child's grades begin to fall.
- Know your child's schedule.
- Watch for reports of lost possessions.

Finally, it is so important to **talk to your child about bullying**. Be sure they know what constitutes bullying, and encourage them to communicate with you about anything that happens.

Understand, though, that kids often do not tell their parents about bullying. So, you need to ask regularly about school and their interactions with others.

How can parents address bullying?

The Special Needs Alliance states these actions for parents to address bullying:

- Determine whether your school district's Code of Conduct covers anti-bullying measures.
- Ask the school what they are doing to prevent and address bullying and harassment. Do they have enough hallway and classroom supervision?
- Address concerns at your next IEP meeting. Your team may be able to suggest further support, including an aide for your child, if needed.
- If you believe your child is being bullied or harassed, report this to the school district immediately.
- Keep track of any bullying or harassment by keeping a journal or a log. Document any physical evidence with photos and medical records.
- Most importantly, support your child. Make sure they receive any needed counseling or other support and address the problems immediately.

Individuals on the spectrum may be vulnerable to bullying for the following reasons:

- Being unable to read [social cues](#)



- Challenges understanding common social norms
- Inability to determine others' intentions
- Taking things too [literally](#)
- Having trouble entering peer groups

Address these challenges early by teaching about bullying, reading social cues, and operating in peer groups.

In addition, here are some ways to add some support in your special needs individual's IEP.

An IEP goal could be added that allows for identifying and practicing ways to react to and handle bullying and its effects.

Parents may also request supplementary aids and services, program modifications, or supports, including:

- Have staff monitor hallways or the playground.
- Permit the student to be dismissed from class earlier so they don't encounter bullying behavior in the hallways.
- Use Social Stories™ to help an individual understand difficult situations when they occur.
- Include a "no-questions-asked" procedure for your child to remove themselves from a situation where bullying behavior occurs.

We can all reduce bullying and support all individuals, especially those with autism.

References:

Smith, J. L., Esq. (2024, December 4). Bullying and kids with disabilities. Special Needs Alliance. <https://www.specialneedsalliance.org/blog/bullying-and-kids-with-disabilities/>

Resources:

[The Autism Bully Battle Plan: Empowering Parents of Autistic Children to Combat Bullying](#)

[Autism, Bullying and Me](#)

[Carol Gray - Social Stories](#)

[Stop Bullying Now!: A Guide for Kids with Autism to Spot and Speak Out](#)



Karen Kaplan, MS, has served as an instructor in the Autism Spectrum Certificate program at Alliant International University and in credentialing programs at UC Davis and Sacramento State. She completed her BS and MS in speech pathology at Arizona State University. She minored in special education and holds an Educational Administrative Credential and a Moderate to Severe Teaching Credential. She has sat on nonprofit boards to help build capacity for those with special needs. She started the first elementary and secondary public school programs for autism and founded and directed her own residential school for 20 years in Sacramento. Karen also directed schools for students on the spectrum in the San Francisco North Bay and San Francisco South Bay areas for 15 years. She is an author and speaker and has spent time globally helping non-governmental agencies in Indonesia and Africa. Currently, she is consulting with families, schools, and adult programs.



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Recognizing the Signs of Bullying

By Dr. Brett J. Novick, MS, EdD, LMFT

What signs should parents seek to determine if their child is being bullied?

About 94% of individuals with autism report bullying in school. Yet, it can be particularly challenging to recognize when a child with ASD may be experiencing bullying.

The earlier we intervene, the better we can help our children develop the necessary skills to avoid harassment, intimidation, or bullying and learn to advocate and assert themselves in their schools and communities.

Understanding bullying and autism

There are four main types of bullying behavior:

- Physical: attacking the student or their possessions; easiest to identify and most recognized
- Verbal ridicule: writing or stating mean and hurtful things about a peer or group of peers
- Relational: spreading rumors about, [excluding](#), ignoring, or encouraging other children to isolate a given peer or peer group
- Cyberbullying: using technology to intimidate or harass a peer; can be the most detrimental

Youth with autism are often deliberately targeted by prospective bullies looking for easily intimidated or manipulated individuals.



[Communication difficulties](#) and the fear of being labeled a “[tattle tale](#)” can make reporting bullying behavior difficult.

Those with ASD may not understand the verbal and nonverbal bullying cues. They may be seen as more vulnerable, or be singled out or excluded.

Because children with ASD may be more likely to exhibit behavior, they may be purposefully exploited for a reaction. They may also take conversations literally or overlook the cues of a bully because they believe all peers must have good intentions in their interactions and conduct.

While physical or verbal bullying can easily be recognized by school faculty, parents, and administrators, covert, nuanced, or hidden bullying is often missed or dismissed as simple teasing or typical child behavior. The actions may be difficult to notice or kept away from adults, thereby festering for extended periods.

Bullying’s impact on a child’s emotional development may leave lifetime scars, especially for children with ASD. They tend to be more vulnerable to bullying, which can impact their trust and self-esteem long-term.

Physical and behavioral warning signs

While bullying behavior can include threats, isolation, and fear to quiet their target, signs and symptoms may be ongoing for a prolonged period.

If a child returns from school with unexplained injuries, this can be an early warning sign. The nurse generally contacts parents to report injuries or incidents.

If items are being damaged or destroyed, request an explanation to determine if bullying behavior is the cause.

You might notice these changes in your child:

- [Loss of appetite](#): possible emotional upset
- Ravenous hunger: their lunch, lunch money, or both may be stolen



- Sleeping pattern changes: possible anxiety and nightmares
- Regressive behaviors: [bedwetting](#) may occur

The youth may want to stop riding the bus, attending school, or participating in before- or after-school activities and events. Grades may decline, or behaviors may escalate with no apparent trigger.

Children with social skills difficulties or challenges with assertiveness skills may melt down completely from the frustration and continued bullying pressure. They may also shift their anger and frustration to self-injurious behaviors.

Some children may withdraw more, using routines or specialized interests as a way to distract from the [emotional stress](#) and trauma. As stress levels increase, behaviors that were not previously triggered by sensory or other issues may intensify.

Emotional and communication signs

Parents know and understand our children’s characteristics. Any significant changes in conduct, mood, or physical issues that suddenly arise without a noticeable change in circumstances should prompt the question “Why?”

Children with autism may already feel isolated and vulnerable; bullying can make them feel even less safe. A child exhibiting the following signs may be experiencing bullying:

- becoming more easily overwhelmed
- suddenly dismissing talk about school or peers
- reverting to previous rigid routines or comfort activities to escape the pressures

Although bullying may occur in school, it can also happen anywhere your child interacts with peers, such as on the playground, in after-school activities, or online.

If you suspect bullying, examine all these potential places or situations, rather than focusing on one location.

Having open communication

Encourage open [communication with your child](#) to help them be successful while keeping them safe.

Create an optimal environment for more fruitful conversations. Consider when your child is the most relaxed and emotionally ready to have a potentially challenging conversation.

This may mean not immediately after school or strenuous physical activity, or during times of [transition](#) that can already be stress-filled.

Choose a peaceful, comfortable place with low (or no) sensory triggers. This may be outside, in their bedroom, or in another room.

Assure them that talking about bullying does not make them a “snitch” or a “tattle tale” and that you will do everything possible to improve the situation.

“Encourage open communication with your child to help them be successful while keeping them safe.”



Find social story videos that detail almost every aspect of bullying a child may encounter. Watch these clips and discuss how a child may handle potential bullying behavior.

Looking at the situation together from a third-party perspective can help your child:

- identify any complex feelings from being bullied,
- assert themselves,
- determine how to report bullying to the proper authorities.

Uncomfortable parents may ask vague or abstract questions. Children with ASD need simple, [concrete](#) questions while exploring the emotional circumstances behind these situations.

Ask questions focusing on the specific details of the bullying, such as the time and place.

Yes or no questions may be okay if they:

- create less pressure,
- focus on the fact that bullying is wrong,
- help your child understand they are not to blame for being a target of another’s actions.

Action steps for parents

In many states, one bullying action can be deemed bullying.

Document all reports and patterns of bullying behavior to provide an accurate description for school or law enforcement personnel.

Be specific regarding dates, times, and what was said or done to your child. For cyberbullying, take a picture of the offending statements or photos to bring with you as evidence.

Although bullying situations can cause anger and frustration for parents, it is essential to maintain a calm and professional tone when dealing with those handling the case.

Serious acts of bullying can have a detrimental impact on the [emotional health](#) of a child. Parents often ask, “When do I get involved in outside support and help?”

If bullying has significantly affected your child emotionally, physically, academically, or socially, with no improvement in these attributes, seek help. This support can include outpatient or in-home counseling, which may be accessible through your insurance or state mental health departments.

If your child indicates that they want to hurt themselves or someone else, **this is a mental health emergency. Seek immediate emergency care** (as you would for a physical health emergency).

Children should be allowed to be assertive, expressing their emotions, why they feel that way, and what they need to resolve this problem accordingly.

Bullies often target those they perceive as lonely or isolated. Developing a support network for your child may reduce feelings of isolation and distract the bully.

School peer mentoring programs, social skills groups, or extracurricular activities can help build a natural support network that fosters more friendships during those confusing and challenging moments of childhood.

Supporting your child

You are your child’s greatest advocate. Seeing them hurt or the victim of bullying is painful.

Let’s create a kinder, gentler, and safer environment where our children’s verbal and nonverbal voices are heard and respected.

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Humphrey, N., & Hebron, J. (2014). Bullying of children and adolescents with autism spectrum conditions: a ‘state of the field’ review. *International Journal of Inclusive Education*, 19(8), 845–862. <https://doi.org/10.1080/13603116.2014.981602>



Dr. Brett J. Novick, MS, EdD, LMFT, holds a Master’s degree in Family Therapy and post-degree certification in School Social Work and Educational Administration. He earned his EdD in Educational Leadership. He has been a School Social Worker/Counselor for the last 23 years and is an adjunct instructor at Rutgers University and Stockton University. Brett has been a licensed Marriage and Family Therapist in private practice, community mental health, and substance abuse settings over the last twenty-five years. Additionally, he has supervised family counseling, school counseling, and centers for abused and neglected children, adults & children with developmental disabilities, and has been a licensed foster parent.

He authored numerous educational and self-help books, two SEL and CBT children’s books, and has written for national educational, parenting, and mental health magazines. He created four therapeutic games for youth and has won numerous awards for his work in education. His latest book, *Beyond Academic Success: Creating Social-Emotional Learning Balance in Elementary Students*, was awarded the 2024 National Book of the Year by the SSWA. Visit Dr. Novick’s website for further details at www.drbrettnovick.com.

A Bullying Perspective

By Alex Manners

Here are some bullying tips from an individual on the spectrum.

Autistic people are more likely to be bullied for a variety of reasons, from the way they communicate to their special interests. Bullies often pick on individuals who are different or whom they deem to be weak and unable to look after themselves.

With the internet and social media, individuals with autism can be bullied right in their own homes.

Ask about noticeable changes

You may notice that your child is more withdrawn, stressed, or having meltdowns more frequently. They may not want to go out or socialize, or there may be physical differences, such as damaged clothing or bruises.

If you notice changes in your child, it might be good to sit down with them and ask if everything is all right. Speak to them when they are most relaxed or in a comfortable environment.

If you know or suspect bullying occurs at school, you may also want to speak to their teacher.

Bullying may not be recognized

Sometimes, it takes an external pair of eyes to notice or to see when an autistic person is being bullied.

Those of us on the spectrum often find communication and [interaction](#) difficult and don't see hidden meanings or agendas. Therefore, we may not know if someone is joking with us, genuinely trying to be a good friend, or is, in fact, bullying and manipulating us.



When I was in primary school, I used to be bullied a lot by some of the people in my year group. While I knew that certain individuals were bullying me, I failed to notice that others were as well.

I thought one particular individual was my friend, but it took someone else in my class to inform my parents and me that this person was bullying and manipulating me.

Therefore, always check in with your child's teachers and close friends to see how they are doing in school. Sometimes, neurotypicals are better at reading and understanding situations.

Bullying by teachers

As well as being bullied by some of the people in my year group at school, it also felt like some of the teachers were bullying me, too. It seemed like they had preconceived ideas about autism and did not want to allow for the accommodations I needed and to which I was entitled.

Looking back, I am sure they were not bullying me deliberately, but their lack of understanding and support made me feel like they were intentionally making my time at school even more difficult.

Once, my mom came to the school and explained to my teacher that I wore trainers because my school shoes were physically unbearable. My teacher was either not listening or deliberately did not care because later that day, she gathered my whole year group and asked, "Who would like to wear their trainers to school?"

I recall being the only one in trainers that day, so I'm sure my peers knew she was referring to me.

All schools should have some form of mandatory training so that teachers understand autism and the challenges faced every day. This training would also help educators learn how to care for and [support individuals on the spectrum](#) in an educational environment to eradicate similar scenarios in the future.



Unstructured parts of the day

Unstructured times, such as break and lunch times, can be the most difficult parts of the school day for people with autism. We struggle to know what to do, where to go, or what is expected of us.

These times can often be when bullying takes place, especially if there are no teachers around or if our differences and challenges are more present.

My secondary school had a lunch club where individuals could go if they struggled to go outside or did not know what to do at lunchtime. It gave us a safe space every day with the same people and teachers present.

For many individuals, it was the most enjoyable part of the school day and allowed us to unwind from the challenges we may have faced in lessons.

Therefore, if the [playground](#) is too confusing and stressful to navigate, provide a safe space for individuals. A lunch club was always my preferred safe space, but being allowed in the library or computer room was also helpful.

Online bullying

Online bullying is more prevalent than ever with the popularity of the internet and [social media](#). Bullying online can be directed at individuals without them knowing who the bully or bullies are.

In school, another child may notice an individual being bullied and can tell a teacher. However,

nobody may witness the bullying online, which could last a lot longer before being spotted.

To help prevent online bullying, limit their internet use, make their social media accounts private, turn off any comments, and tell the school if you suspect one of their peers may be bullying them.

Everyone has a right not to be bullied

Sadly, bullying is something a lot of people with autism experience. If you suspect or know that your child is being bullied, speak directly to them and their teachers.

Bullying can happen in all walks of life, not just in school, so always consider the other places where your child goes and the people they socialize with outside of school.

Every child has the right to lead a happy and fulfilling life, and with the right interventions and support, bullying can be stopped.

Alex Manners is 29, an Autism and Neurodiversity speaker, Asperger's champion, presenter, and author. Alex presents motivational and educational talks about what it is like to live, work, and go to school with Asperger's and autism to many different companies, law firms, schools, and universities all over the UK. He has also published a book called "That's Not Right! My Life Living with Asperger's", appeared on series 10 and 11 of "The Undateables" on Channel 4, and is obsessed with football, watching a game at all 92 English Football League clubs.



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Understanding and Managing Biting Behaviors

By Dr. Divina Lopez, MD

How can parents help their child overcome biting behavior?

Children with autism often bite, and this behavior can leave parents feeling overwhelmed, concerned, or even helpless. Seeing your child bite others or themselves can be distressing, and the reactions from caregivers, teachers, or peers can add to the stress.

However, biting is not a behavior without reason; it is a form of communication. Children with autism may bite for various reasons, and with the right strategies, parents and caregivers can address and manage it effectively.

Once families understand the cause of the behavior and what they can do to prevent it, they can support their child in developing healthier ways to express themselves.

Why autistic children bite

Parents must understand why biting happens to address it effectively. Biting is not random; it is usually a response to an internal or external trigger. Here are common reasons autistic children may bite:

Sensory processing differences

Many autistic children's brains interpret sensory input differently, causing sensory processing challenges. Some children bite for [oral sensory](#)



stimulation, while others may do so because they are overwhelmed by their environment.

Loud noises, bright lights, or certain [textures](#) might cause distress, and biting becomes a way to cope.

Communication challenges

Some children with autism may struggle to express their needs, wants, or discomfort due to limited verbal skills. Biting can be a way to communicate frustration, pain, or a desire for attention.

If a child cannot say, “I need help” or “I don’t like this,” they might resort to biting as an instinctive response.

Emotional regulation difficulties

Emotions, such as frustration, [anger](#), excitement, or disappointment, can be challenging for autistic children to process. Without the skills to regulate these big emotions, they might bite as a way to release intense feelings.

Anxiety and overwhelm

Transitions, social interactions, or unpredictable situations can cause [anxiety](#) for autistic children. Biting may be a self-soothing mechanism that helps individuals regain a sense of control or security when they feel overwhelmed.

Stimming

Some autistic children engage in [repetitive behaviors](#) known as stimming to regulate their nervous system. Biting may serve as a form of self-stimulation to help them feel grounded or focused.

Pain or discomfort

A child who is teething, has an [ear infection](#), or is experiencing gastrointestinal discomfort may bite to relieve pain. Some autistic children have difficulty recognizing or communicating pain, so biting could be an attempt to cope with physical discomfort.



Identifying triggers and patterns

Understanding what leads to biting helps manage the behavior. Keeping a behavior log can help parents and caregivers recognize patterns and identify specific triggers that may contribute to the behavior. Whenever a biting incident occurs, write down:

- What happened before the bite? (The child was overwhelmed, hungry, frustrated)
- Where did it happen? (At home, in school, in a crowded place)
- Who was involved? (A sibling, teacher, peer)
- How did the child react afterward? (Relieved, distressed, indifferent)

Common triggers

The following may be some common triggers:

- **Environmental triggers:** Loud noises, crowded spaces, strong smells, or bright lights
- **Emotional triggers:** Frustration, excitement, [boredom](#), or anger
- **Physical triggers:** Teething, ear infections, hunger, or being tired

Here are some signs to indicate that biting may occur:

- Increased restlessness or agitation
- Clenching fists, tense facial expressions, or avoiding eye contact
- Placing objects in the mouth more frequently
- Vocalizing frustration through whining or growling sounds

Prevention strategies

After identifying triggers, preventive strategies can be implemented to reduce biting incidents.

Modifications and sensory regulation techniques

Some modifications may be helpful, especially those that support sensory regulation.

- Create a [calm space](#) to reduce sensory overload.
- Provide noise-canceling headphones if sound sensitivity is an issue.
- Offer chewable sensory tools (e.g., chew necklaces, silicone chews).
- Provide textured toys, weighted blankets, or [fidget items](#) for appropriate sensory input.
- Encourage [oral motor activities](#), such as sucking through a straw, chewing crunchy foods, or using a vibrating toothbrush.
- Allow for regular movement breaks to release built-up energy.

“ Many autistic children’s brains interpret sensory input differently, causing sensory processing challenges. ”



Communication tools and supports

Provide alternative communication methods, such as picture exchange communication systems (PECS), sign language, or speech devices.

Teach the child to use simple phrases or gestures such as “help” or “stop.” Visual schedules can also be helpful with transitions and expectations.

Establishing routines

Consistency helps children with autism feel safe. Maintain predictable routines to help reduce anxiety. Parents can prepare their child for new situations using social stories or [role-playing exercises](#).

Teaching alternative behaviors

Parents can model appropriate ways to express frustration:

- use words
- deep breathing
- squeeze a stress ball

They can also reinforce these appropriate ways by praising and [rewarding](#) the child when they communicate effectively, rather than biting.

Intervention methods

Even with prevention, biting may still occur. Parents' and caregivers' responses in the moment matter.

Immediate response strategies

Stay calm and avoid reacting with anger or frustration. Use simple, clear language such as “No biting. Biting hurts.”

If the bite is directed at another person, separate the child immediately but gently. Redirect the child to an alternative behavior, such as biting a chew toy or taking deep breaths.

Positive behavioral approaches

Parents can use the following positive approaches:

- Provide praise for positive behavior reinforcement using phrases such as “I love how you asked for help instead of biting!”
- [Offer choices](#) such as “Do you want to squeeze a ball or take a break?” This provides the child with a sense of control.
- Teach acceptable ways for expressing frustration (role-playing or social stories).

Professional support

Parents might consult an occupational therapist (OT) to address sensory needs or seek [speech therapy](#) to improve communication skills. They might consider [applied behavior analysis](#) (ABA) if the biting behavior continues.

“ Consistency helps children with autism feel safe. Maintain predictable routines to help reduce anxiety. ”



Safety considerations

Parents should teach siblings and peers how to respond if biting happens. Teachers and caregivers should be trained in de-escalation techniques. In case of potential bites, keep first aid supplies on hand.

What not to do

While knowing what to do if a child bites is important, parents should also understand what not to do.

- Never use physical punishment, as it can increase aggression.
- Avoid shaming the child; instead, focus on teaching alternative behaviors.
- Do not isolate the child; use time-ins instead to help them regulate.

Impact on families and social settings

Biting can be emotionally taxing for parents and caregivers. Many feel guilt, frustration, or even social disapproval or judgment. This can lead to isolation or avoiding social settings.

In school or other public settings, biting might result in disciplinary action or cause challenges with others. Informing teachers and other caregivers about any triggers or helpful strategies can lead to more understanding.

Parents need **support systems**, through parent groups, therapy, or advocacy organizations, to navigate the emotional toll of managing biting behaviors.

Hope and understanding

Biting behaviors can be challenging, but they can be managed with the right approach. Children can learn healthier ways to communicate and regulate their emotions with patience, monitoring, and intervention strategies.

Every child is unique, and progress takes time. When parents create a supportive environment, teach alternative coping methods, and seek professional help when needed, they can help their child develop skills for long-term success.

Biting behaviors do not indicate poor parenting; instead, they are a communication challenge that, with the right tools, can be understood and addressed.



Dr. Divina Lopez, MD, is a board-certified pediatrician, school physician, autism expert, and advocate. As a mother to a child on the autism spectrum, she combines her professional expertise and personal experience to support families navigating autism.

A respected voice in pediatric care, Dr. Lopez is a contributor to Forbes Health and frequently speaks at conferences and workshops. She has twice been recognized as one of New Jersey Family Magazine's Favorite Kids' Docs. Dr. Lopez is the host of the "Dancing into Parenthood" podcast, a trusted resource for parents navigating the unique challenges of raising a child on the spectrum.

Learn more at Drdivinalopez.com/



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Q&A With Dr. Temple Grandin

This month, Dr. Temple Grandin answers parents' questions about school issues, including bullying.



Meher of London, UK, states, “I realized my own autism after my son was assessed. I am a high-functioning autistic person who struggled with bullying during my high school days. I had no friends in high school and college. My son is five years old and verbal, but I’m afraid he’ll have similar experiences to mine. Any help and advice on how to be prepared for that?”

For example, I recently had a great call with a veterinarian who works with chickens. We talked about ways to enrich the environment for chickens, and he sent me pictures on the phone. We had a great time talking about our shared interest in animal welfare and behavior.

Find something in which he has an interest that he can share with other people. This could be music, a robotics club, [model railroading](#), or even a chess club.



I was bullied in high school, but I was not bullied in elementary or primary school. That’s because the teacher explained to the other students that I had a [disability](#) that was not physical, like a wheelchair or something like that. That’s called “peer-mediated intervention.”

I have a paper you might want to read titled “How Horses Helped a Teenager with Autism Make Friends and Learn How to Work.” I reviewed some of the literature on peer-mediated intervention, and it was very effective for me in primary school. High school was the worst part of my life.

I think some kids need to go right from childhood to adulthood and skip the teenage phase. That phase was the worst. The only thing that saved me was having some friends who shared interests.





Colleen of Pennsylvania asks, “My ten-year-old son is struggling with emotional regulation and executive functioning in private and public school. He’s very intelligent, verbal, and friendly. What advice or tips

can you share for specifically reducing sensory overload and emotional dysregulation in public school classrooms for ASD?”



Let’s get specific. Does her son have a problem with LED lighting that flickers? Let’s check that out and photograph that classroom with slow-motion video. This will find lights that flicker. He may be

someone on the spectrum who has that particular problem.

Also, he might be unable to rapidly shift attention due to what I call “slow processor speed.” In many of these cases, I’ll have to ask many more questions to determine the exact cause of the problem.

One boy was able to use software as an aid. His writing was so bad that he couldn’t take notes. In college, most professors will let you record the lecture, bring it home, play a little bit, and speak the notes into the speech-to-text software, which is very good.

For [emotional regulation](#), one thing that can help is lots of [exercise](#). I do a burst of exercise. For example, every day I do 100 “old lady” push-ups, where you do a push-up, but you only raise your upper body.

I also do 100 swimming strokes on the floor every single day. Exercise really helps. My mother used to tell me to go outside and run the energy out. That helped.

“ For emotional regulation, one thing that can help is lots of exercise. ”

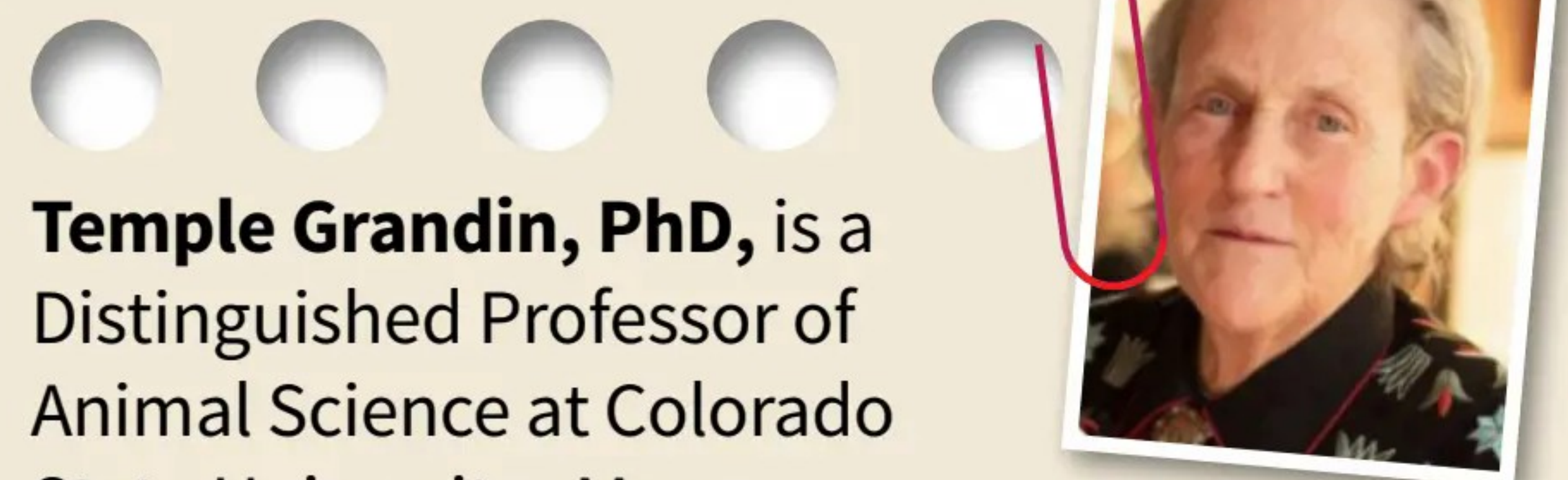
Yet, when we talk about executive function, that’s way too vague. What is the specific problem? Any sequential task where a pilot’s checklist may be needed would come under executive function.

I don’t like the term “executive function” because it’s so vague. I want to find out exactly where her son has a problem at school. Is he forgetting his homework or not doing it? What exactly is the problem?

Is he leaving half his school supplies, like paper and pens, at home? He needs to bring those to school. A really simple thing you can do is put it in a checklist format similar to what pilots use. Step one. Step two. Step three. Step four. A written checklist format is often very helpful.

Resources:

Grandin T. (2019). Case study: how horses helped a teenager with autism make friends and learn how to work. *International Journal of Environmental Research and Public Health*, 16(13), 2325. <https://doi.org/10.3390/ijerph16132325>



Temple Grandin, PhD, is a Distinguished Professor of Animal Science at Colorado State University. Many companies around the world use facilities she has designed for handling livestock. She has also been instrumental in implementing animal welfare auditing programs used by McDonald’s, Wendy’s, Whole Foods, and other corporations. Temple has appeared on numerous TV shows, such as 20/20 and Prime Time. Her books include [Thinking in Pictures](#), [Livestock Handling and Transport](#), and [The Autistic Brain](#). Her books [Animals in Translation](#) and [Visual Thinking](#) have been on the New York Times Bestseller List. Temple was inducted into the National Women’s Hall of Fame in September 2017. In 2022, she was named a Colorado State University Distinguished Professor, and in 2023 was inducted into the Colorado Authors’ Hall of Fame.

Help! Knowing When and How to Ask

By Alicia Trautwein

Asking for help can be difficult, but it is a form of self-advocacy.

For many autistic adults, myself included, asking for help can feel like one of the hardest things to do. It might come from a fear of being judged, the frustration of not knowing exactly what we need, or the emotional overwhelm that builds up just thinking about asking.

Often, these feelings can keep us from seeking support at all.

Asking for help is a skill to be built over time with practice, patience, and self-compassion.

Understanding the need for help

As children, we learn that independence is a future goal, but everyone relies on some support.

Asking for help isn't admitting failure; it's acknowledging we're human. For autistic adults, it can be an incredible form of [self-advocacy](#).

There are many everyday situations where asking for help can make things better. For example, at work, when your boss gives vague instructions and you're not sure what they want.

At home, when your brain freezes and you can't figure out how to start the laundry or make dinner, even though you know it needs to get done.

In relationships, people expect you to "just know" what they're feeling or why they're upset, but they haven't actually told you.



In those moments, saying something like “I’m overwhelmed” or “I need help with this” can feel uncomfortable. It might bring up fears of being viewed as lazy, broken, or too much.

You might feel guilty, ashamed, or like you’re failing. You’re not. You’re human, and autistic people deserve support just like anyone else.

Knowing when to ask

Knowing that you can ask for help is one thing. Knowing when to ask? That’s where it gets tough.

How do you recognize when to ask?

- When you feel that heaviness in your chest as you see your to-do list growing.
- When you realize your procrastination isn’t laziness but paralysis.
- As you experience the sensory crash after “pushing through” one too many social demands.

If you’re missing deadlines or waking up already burned out, that’s not a personality flaw. That is your body waving a giant red flag, and you need to listen to it.

Recognizing those internal cues (rising anxiety, mental fatigue, or irritability) is just as important as recognizing external ones.

Maybe your roommate keeps asking if you’re okay, or your boss points out you’ve been extra quiet. These aren’t accusations; they’re signals.

Asking for help before hitting the wall isn’t just smart, it’s self-preservation. It’s a form of emotional regulation that we **can** get better at, one moment of self-awareness at a time.

“ Look for what you need, such as more time, clearer instructions, or a moment alone. Then, ask for those things exactly.

”



Effectively asking for help

Now you know when you need help. What’s next?

This is where a lot of us freeze up because the “how” matters. The more clearly you ask for help, the more likely you are to get the support you need.

Start with “I” statements:

- “I’m feeling overwhelmed by this task and could use help breaking it down.”
- “I’m struggling with the noise level today. Is there a quieter space where I could work?”
- “I want to meet this deadline, but I need help [prioritizing](#).”

Be specific. Look for what you need, such as more time, [clearer instructions](#), or a moment alone. Then, ask for those things exactly.

Let go of the idea that you have to explain everything. Needing support doesn’t require a 10-minute backstory; just clarity and confidence.

And yes, it is okay to fake that confidence until it becomes real.

Think about it this way. You wouldn't judge a friend for asking for directions. You would help them get where they're going.

You deserve that same grace. Start by practicing in safe relationships and build from there.

Overcoming barriers to asking for help

Now let's talk about the hard part, that fear of being a burden.

It's a fear I've felt, too. The voice that says, "They're busy. You're going to annoy them. You should just figure it out." That voice is a liar.

People who care want to help you. The key is believing that their support doesn't come with a price tag.

Another roadblock we face is [rejection](#). You may have asked for help before and been shut down or dismissed. It makes you hesitate the next time. Yet, one "no" doesn't mean every request will be denied.

Here's how to shift that. Instead of asking, "What if they say 'no'?" ask, "What if they say 'yes'?" What if that "yes" makes your day easier? What if that "yes" reminds you that you're not alone?

If the idea of asking terrifies you, try scripting it out. Write down what you need to say and practice it. Let it feel awkward at first. Every time

“ Support doesn't always mean talking to someone face-to-face. There are so many ways to access help, and they don't all look the same. ”



you ask, you chip away at that fear. In time, it will get easier with practice.

Where to seek help

Support doesn't always mean talking to someone face-to-face. There are so many ways to access help, and they don't all look the same.

At work, requesting accommodations can be a game-changer. That can look like flexible hours, written instructions, or a quiet space to regroup. If you don't know where to start, check in with your HR department.

If that is a little too intimidating, find a trusted [coworker](#) or advocate who can help you write the request.

Therapy can also be a huge lifeline, especially with someone experienced in autism or neurodiversity. If the idea of speaking in person is overwhelming, many clinics offer [telehealth](#) so you can be in a place that is comfortable for you.

Another way to seek help is in the community. Peer support groups (online or in person) can help remind you that your struggles aren't unique.

SOCIAL SKILLS

Others may have tools you might not even know exist, or can help you find solutions.

Friends, family, and mentors count too.

Not everyone will understand, and that's okay. The goal isn't to find everyone who gets it; just a few people who try.

Help is on the way

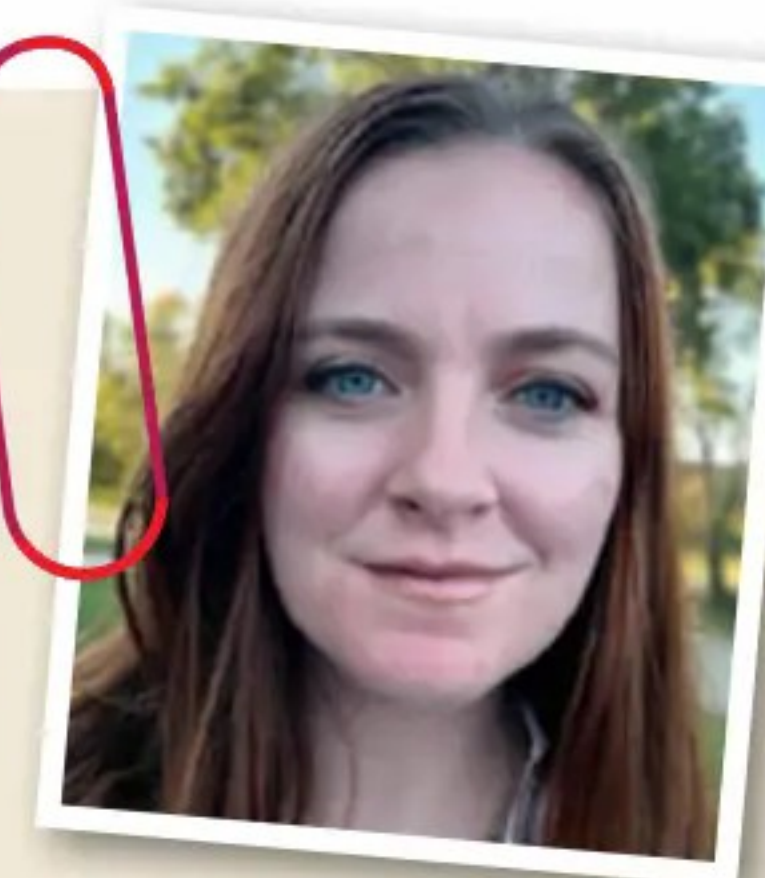
Asking for help does not take away your independence. It builds the kind of strength you can actually rely on. Support is a resource you are allowed to use. It does not mean you have failed.

Here's something to try this week: make one small request for help. It can be something simple or something more meaningful. What matters is giving yourself the chance to ask.

Pay attention to how it feels; not just how the other person responds, but what it shifts inside you.

Growth doesn't always come from pushing through. Sometimes it starts when we remind ourselves that we don't have to do everything alone.

Alicia Trautwein, an advocate for autism and neurodiversity, intertwines her personal experience as an autistic mother of four, three of whom are on the autism spectrum, with her professional work. She founded "The Mom Kind," a platform that provides insights on parenting neurodiverse children, and extends her advocacy through a podcast and public speaking. Through her multifaceted efforts, Alicia seeks to educate and support families, promoting a more inclusive society.



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Manners Through a Neurodivergent Lens

By Miriam Edelman, MPA, MSSW

Here are reasons why some autistic people may be misjudged as not having manners.

What is the meaning of “manners” when social norms and expressions are different among autistic and neurotypical people?

Do autistic people have bad manners just because they may behave and communicate differently? Are they rude when they do not adhere to social norms? Should they be expected to conform, behaving just like everyone else?

Should autistic people be forced to make eye contact, a behavior that may feel uncomfortable or unnatural for them?

Many traditional expectations around politeness may be challenging or misaligned with autistic communication.

Manners and social expectations

Manners, especially good ones, usually mean a certain set of behaviors:

- making [eye contact](#)
- having a pleasant tone of voice
- greeting people
- saying polite words (“please”, “thank you”, and “you are welcome”)
- taking turns speaking



- listening affirmatively (nodding)
- refraining from monopolizing conversations, interrupting people, and making put-downs (“So what?”)

Good manners help people to get along and create peace in social situations. They show respect. In offices, manners build teamwork and positive communication. A person’s behavior and interactions can affect their career.

Neurotypical expectations dominate many social spaces, and people are expected to follow social norms.

Autism and social interaction differences

Autistic individuals tend to have different communication styles from neurotypical individuals:

- being overly direct
- thinking literally
- avoiding eye contact
- repeating noises
- responding in a way that may seem [inappropriate](#)
- talking at length about their interests
- interrupting
- [stimming](#) (for example, rocking)
- needing clarification when asked to do something
- making honest or blunt statements
- exhibiting unexpected facial expressions that differ from their emotions (smiling upon hearing negative news despite being upset)
- disliking small talk (discussions about the weather)

Autistic people's behavior may be misinterpreted as disrespectful, rude, or selfish. They may be perceived negatively for interrupting or as self-centered when sharing similar experiences.

Asking for clarification may be misinterpreted as not paying attention, and questioning may be misconstrued as undermining authority.

Autistic individuals do not mean to be disrespectful or rude, and as one blogger wrote, "We are just trying to navigate the situation we're in safely."



The harm of misjudging “politeness” in autism

Being judged unfairly may have detrimental emotional and social effects. Autistic individuals are often bullied and excluded throughout life, feeling [lonely and socially isolated](#).

[Masking](#) their behavior to fit into the greater society may cause [burnout](#) and result in mental health problems, isolation, decreased self-esteem, and more.

Autistic people may have negative experiences. In workplaces, autistic individuals sometimes lose their jobs for manners-related issues, such as “[t]aking instructions literally,” “[n]ot making small talk or sounding animated enough,” and more.

Reframing manners through a neurodiversity lens

People should consider the intent of autistic individuals rather than responding to specific behavior that may appear to defy social norms. Autistic people should be given the benefit of the doubt.

Environments should be truly [inclusive](#), accepting different ways of behaving and communication. Schools, workplaces, and social settings should adjust their expectations and be more accommodating, accepting that autistic people may not always behave like everyone else.

They may ask autistic people about their preferred methods of communication and use those approaches. Instead of forcing autistic individuals to completely conform, maybe they could meet halfway.

Offices could allow employees to be off camera during virtual meetings instead of enforcing a sometimes “unwritten rule” that they always appear on camera. Being on camera may cause unnecessary anxiety for autistic individuals.

True manners use empathy, not conformity

Individuals should stop blaming communication issues on autistic people. It is unfair and unrealistic to think that individuals with autism should always be expected to behave like neurotypical people.

True manners should involve acceptance of different behaviors and communication styles and stop forcing conformity.

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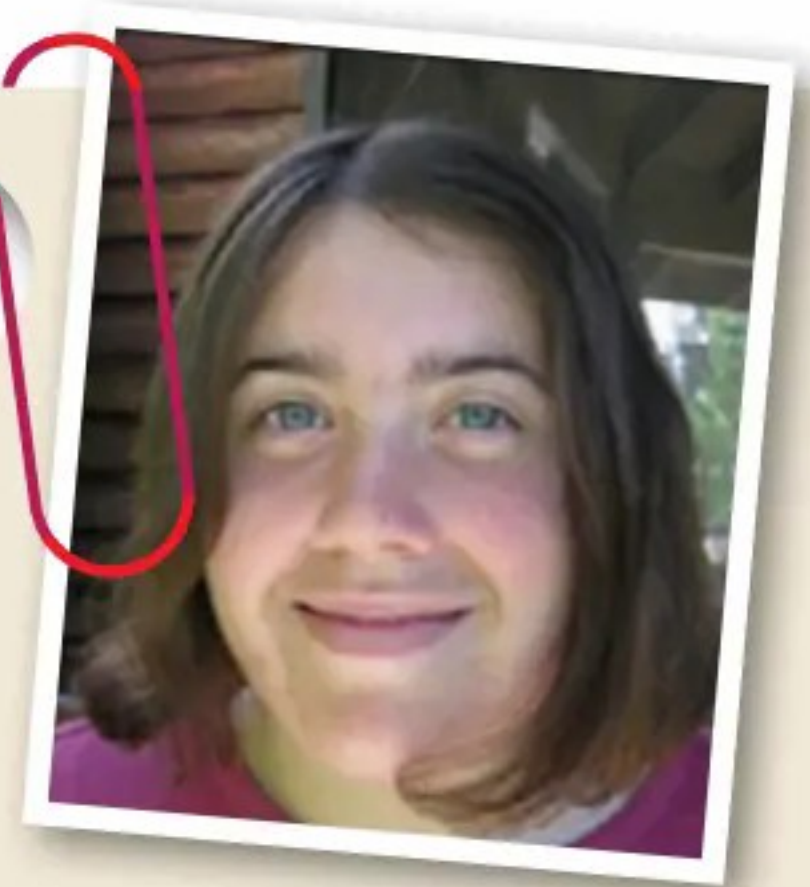
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Miriam Edelman, MPA, MSSW, is a Native Washingtonian and a Washington, D.C.-based policy professional. Her experience includes policy work for both the Senate and House of Representatives. Miriam’s undergraduate degree is from Barnard College, Columbia University, with majors in political science and urban studies and a concentration in history. She has a master’s in public administration from Cornell University, where she was inducted into Pi Alpha Alpha, the national honorary society for public administration, and was awarded the Cornell-wide Distinguished Leadership Award. She also has a Master of Science in social work (focusing on policy) from Columbia University. She is a commissioner on the DC Commission on Persons with Disabilities. Miriam aims to continue her career in public service. She is especially interested in democracy, civic education, District of Columbia autonomy, diversity, health policy, women’s issues, and disabilities. Miriam has several cousins and friends on the spectrum and has also worked for an organization that helps people with intellectual and developmental disabilities, including autism.



Success Stories:

Peace in the Passenger Seat

Jaime Hrobar describes her son's behavioral progress. Have a success story you want to share? Click [here](#).

Recently, I walked my son, Jim, out to the bus, which was waiting at the end of our driveway. He is nonverbal and has severe autism. He had his iPad in hand, listening to Rudolph the Red-Nosed Reindeer on a sunny April morning.

I greeted the bus driver and Jim's aide, whose sneakers always superbly match the color of her outfit. This is impressive because I'm usually in my pajamas and lucky to have shoes on.

After complimenting her on her beautiful choice of mulberry that morning, I handed her Jim's backpack, lunch bag, and suitcase as he skipped up the bus stairs and took his seat. My neighbors must wonder if he's going on vacation or moving out.

Jim is very particular about seating assignments—not anyone else's, just his. If you're in his seat, whether on the bus or at the kitchen table, be prepared for this twenty-year-old, one-hundred-and-eighty-pound young man to sit on your lap. You're in his spot.

Finding Jim's helmet

As the bus door began folding shut, I waved at him through the window and shouted, "Love you, buddy! Have a good day at therapy. I hope you have a great time with your dad this weekend!"

Running inside, I hurriedly prepared for a meeting, then hopped in the car. Throwing my purse on the passenger seat, my heart sank.



There was Jim's helmet, sitting in the seat next to me. There was no time to drop it off at the therapy clinic and still make it to my meeting on time.

When I reached the traffic light at the end of my neighborhood, was I going to turn left or right? Instantly wrapped up in panic, I took a deep breath, reminding myself to PAUSE (Postpone Action Until Serenity Enters), knowing an answer would come if I could just stop myself from spinning.

Already about halfway through the neighborhood, a thought struck me. Instead of making the decision on my own, why not call the clinic and see if the therapists would be willing to bring Jim to the house once he arrived?

It could be a good opportunity to practice car ridership, which can sometimes be a struggle for him.

Dialing the number, I hoped to have an answer before getting to the light.

“We can make that happen,” they told me.

Passing the gate at the entrance of my community like a racecar driver, I whipped the car around, catching the guard at the gate by surprise, asking him if he could hang onto the helmet until the therapists arrived.

While very gracious about it, he looked a little puzzled about identifying the individuals coming to retrieve it, as if it were a lost wallet or phone that could fall into the wrong hands.

“Don’t worry,” I reassured him, “I’m pretty confident they’ll be the only people asking for a helmet today.” He let out a long breath and chuckled.

Reflection on the past

Pulling out onto the highway, relief washed over me, but then so did a realization. The helmet had obviously gotten left behind after our regularly scheduled car ride the previous evening, and I didn’t even notice. Why?

For almost two decades, I’d settled into a life of high alert. Jim had already begun engaging in [self-injurious behavior](#) daily when he was diagnosed with autism, only a few months after his first birthday.

Despite intensive early intervention and continued therapy at a private school for individuals with autism, by the time he was twelve, Jim was striking himself, on average, forty thousand times a month.

This required a four-and-a-half-month inpatient hospitalization at a neurobehavioral unit where Jim was admitted a year after being accepted.

Even after his behaviors were reduced by eighty-five percent, upon his discharge, eight years ago, I couldn’t imagine days, let alone weeks, without a burst.

Experts at the hospital explained that while Jim had made great progress, he would likely always engage in some level of self-injury due to the severity of his autism.

Necessary accessories

As part of his protocol and treatment plan, Jim left the hospital with several new accessories that were to be with him at all times. These included an augmentative communication ([AAC](#)) device, a foldable mat (for blocking hits during self-injurious and aggressive behaviors), a binder with a daily schedule, and two sparring helmets.

The helmets were for Jim to protect himself during bursts, and for me, as I had sustained multiple concussions in my attempts to keep him safe.

Several months after discharge, Jim began engaging in self-restraint and [pressure-seeking behaviors](#). Arm guards were added to the arsenal, and he chose to apply the helmet and arm guards rather than meet the criteria for them to be applied.

These two different scenarios resulted in months where Jim was wearing protective gear nearly 24 hours a day. Seeing him like this left me gutted. Would we have to go back to the neurobehavioral unit?

“ Even after his behaviors were reduced by eighty-five percent, upon his discharge, eight years ago, I couldn’t imagine days, let alone weeks, without a burst. ”

Remarkable recovery

With consistent therapy and strict adherence to the hospital’s established protocols, Jim has made a remarkable recovery. Since early December of last year, he has only had one burst of self-injury, lasting approximately fifteen minutes. This is truly remarkable.

Although his teams over the years have remained optimistic, I don’t think anyone predicted such a dramatic and significant change.

Jim’s previous behavior kept me in a constant state of fight or flight. He still keeps me extremely busy and on my toes. Yet, I forgot the helmet because his current behavior and personality promote peace and joy.

I’m more relaxed and less on guard than I realized. In thinking about the occurrences of the day, I realized I couldn’t even remember the last time I’ve had to put my own helmet on. Our family is settling into a life of harmony.

Sometimes, healing happens before you know it.



Supporting Pragmatic Language

By Nikki McRory, MA CCC-SLP, BCBA, CAS

Supporting social language helps with relationships, school, and life.

Pragmatic language is how we choose our words, interpret meaning, and navigate conversations in various settings. For many children, these skills develop naturally through observation and interaction.

Yet, for children with autism, social language can be a significant challenge.

Understanding and supporting this area is crucial not only for communication but for helping children form relationships, succeed in school, and navigate everyday life.

What is pragmatic language, how does it impact children with autism, and what practical strategies can parents use to support their child's development?

What is pragmatic language?

Pragmatic language is how we use language in everyday social situations. Social language is knowing what, when, and how to say something in a certain situation.

These skills are important for home and school interactions, including making friends and working in groups.

Some key parts of pragmatic language include:

- **Taking turns in conversation:** learning how to wait their turn to speak, listen to others, and

use [cues](#) like pauses or body language to know when it's okay to talk.

- **Staying on topic:** being able to follow the flow of a conversation, add relevant comments, and change the subject in a way that makes sense.
- **Understanding non-literal language:** comprehending jokes, [sarcasm](#), or phrases like "break a leg" that don't mean exactly what they say to help them fit in socially.
- **Using and reading body language:** understanding facial expressions, tone of voice, and gestures.
- **Changing how they speak based on the listener:** using a different tone with a teacher than with a sibling.



Pragmatic language is more about the social “rules” of communication. For many autistic children, these rules may not come naturally and might need to be taught in a clear, supportive way. Parents play a big role in helping children practice these skills in real-life situations.

Pragmatic language and autism

Children with autism often experience difficulties with the social use of language, which can show up in various ways.

Some children may speak clearly and use full sentences, but struggle to hold a two-way conversation. Others might take phrases [literally](#), missing the meaning behind idioms, jokes, or sarcasm.

Many also have trouble reading nonverbal cues, such as facial expressions, body language, or changes in tone of voice.

These challenges can affect how others perceive an individual. For example, a child who frequently interrupts, goes off-topic, or avoids eye contact may unintentionally appear disinterested, rude, or distracted.

If they struggle to understand social expectations or express themselves clearly, it may be harder to form friendships, participate in classroom discussions, and feel [confident](#) in social settings.



Research shows that pragmatic language difficulties are common in children with autism, regardless of their cognitive abilities or how well they speak. However, each child is different.

Some individuals may benefit from structured, ongoing support to build foundational skills. Others may need focused strategies to improve more specific areas, like understanding humor or taking conversational turns.

With consistent support and practice, both at home and in therapy, children can make meaningful progress. Parents who understand this and are involved can help their child navigate the social world with greater confidence and connection.

Identifying pragmatic language challenges

Early signs of pragmatic language difficulties can be subtle, especially in young children who are still developing their communication skills.

In toddlers, differences in how they engage with others, such as limited use of [gestures](#) like pointing, reduced eye contact, or a lack of shared interest in activities, may indicate emerging social communication challenges.

These early signs are not problems in themselves but can suggest that a child may benefit from extra support in building connection and [interaction](#) skills.

“ Pragmatic language is how we use language in everyday social situations. Social language is knowing what, when, and how to say something in a certain situation. ”

As children grow, signs of pragmatic language differences may include:

- Limited back-and-forth in conversation
- Difficulty understanding humor, sarcasm, or figures of speech
- [Unusual tone](#), pitch, or volume when speaking
- Challenges following the natural flow of conversation, such as interrupting or going off-topic

If you notice these communication patterns, consider reaching out to a speech-language pathologist (SLP).

When families recognize these early signs, they can get the necessary help and resources to support their child's communication style and increase skills for meaningful social interactions.

Effective strategies for parents

A child who has been identified as having a pragmatic language difference needs respectful and highly effective support. Parents should know that the goal is to help the child develop the tools they need to connect with others, express themselves, and participate more comfortably in everyday social situations.

Speech-language pathologists (SLPs) are key in supporting children with social communication needs.

Steps include starting with a thorough, individualized assessment. This may involve observing the child during play or conversation, administering structured testing, and gathering insight from parents and teachers.

Tools such as the Children's Communication Checklist (CCC-2) or the Pragmatic Language Skills Inventory (PLSI) can help identify areas where a child may need support.

From there, a tailored plan is created to focus on areas such as understanding conversational rules,

reading social cues, or interpreting figurative language.

Depending on their strengths, preferences, and needs, support might look different for each child. Some individuals benefit from one-on-one sessions to build foundational skills. Others may need small group settings where they can practice peer interactions.

[Therapy](#) activities are often designed to be play-based, engaging, and collaborative, making learning feel natural and fun.

Progress is about growing a child's confidence and helping them feel successful in social interactions, not having "perfect" communication. Parents are helpful partners in this process.

Strategies introduced in therapy can be reinforced at home through everyday routines, shared activities, or simple [conversations](#).

When parents recognize and support their child's pragmatic language differences early, they can empower them and provide them with the tools to fully engage with others in a way that honors who they are.



Moving forward with social communication

Pragmatic language plays an important part in communication, promoting connection by knowing what to say and how to say it.

For children with autism, developing social communication skills can help build friendships and express their thoughts and needs clearly. Then they can feel included, understood, and confident.

Parents can help nurture these skills by learning more about pragmatic language and working closely with professionals, such as a speech-language pathologist. By having conversations during daily routines such as mealtime, they can provide natural opportunities to practice.

Every child's journey with social communication is different; one approach may not fit everyone.

With your support, patience, and advocacy, your child can gain the tools needed to connect with others while staying true to themselves. Your role matters more than you know.



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Nikki is passionate about empowering families and clinicians through education and support, and she frequently lectures on topics related to ASD. In addition to her clinical work, Nikki actively contributes to the autism community through her training courses, special guest appearances on podcasts, and writing, with articles published in autism-focused magazines and sites. She previously served as the Board Chair for the Southern California Chapter of Autism Speaks, advocating for resources and awareness for families touched by autism.

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Field Trip Fun: Sensory-Friendly Tips

By Cory Morrison

Here is how to make field trips safe, sensory-friendly, and fun.

Excitement, learning, and sensory wonder are probably the first things that come to mind when looking back on childhood field trips. These excursions exist so education and fun memories can easily blend together.

It's also easier for children to connect class lessons to the real world when taken beyond a plain textbook.

While many field trips usually went well for me, I know that isn't always true for many individuals. A break from the usual routine, some degree of unpredictability, and overwhelming sounds or crowds can bring more overwhelm than excitement for some autistic kids.

However, if a child shows some mild interest, don't opt out of a field trip. If a teacher, support worker,

or parent prepares, a field trip can be something the child will remember for a very long time.

Pre-trip planning

Clarity and predictability are important when planning the trip.

First, you can preview the location by researching it and showing the child images or videos. You can even visit it yourself to take pictures or videos of the popular spots.

Then, use these visuals to create a social story from the child's point of view, explaining what will happen that day.

For example: "We will get on the school bus with our backpacks and drive to the aquarium. Some



rooms may have a different smell and be louder. If I need a break, I can walk with the aid to another area. We will see fish, turtles, and maybe even sharks.”

[Visual schedules](#) that display pictures and symbols of what may happen can also be helpful.

It would be a good idea to ask staff at the location if they offer sensory-friendly accommodations, early entry hours before the crowds arrive, or quiet zones. Some places may even have experience guides specifically targeted to visitors who are neurodiverse, which is a big win.

Ensuring that emergency contacts, medical needs, and comfort plans are well-documented is critical. If a child’s caregiver can attend the trip, that would be helpful.

Otherwise, it will be necessary to determine which adult is carrying medication, who is assigned to each child, and who is the “go-to” contact during [emergencies](#).

Have an alternative plan in case of a worst-case scenario, such as the fire alarm going off or if the child needs to leave early. It’s all about predictability and flexibility.



“ Have an alternative plan in case of a worst-case scenario, such as the fire alarm going off or if the child needs to leave early. ”

Sensory considerations

A field trip can be equivalent to a sensory jolt with loud buses, echoey buildings, and strong cafeteria smells. If you’re at the planetarium, the lights dim with no warning, and a booming narrator’s voice fills the dome, for some children with autism, this might be a breaking point.

When you prepare for these challenges, it can make a huge difference in the child’s experience.

- What will this place sound, smell, or feel like?
- Will some washroom hand dryers roar like planes?
- Will lunch happen on metal benches under strong sunlight?
- Will the indoors be more cramped because of rainy weather?

Allowing sensory toolkits that include headphones, wide-brimmed hats, sunglasses, fidget toys, chewy pendants, or velcro strips can be effective if the child is over- or understimulated.

Plan [sensory breaks](#) for when a child is [flapping](#) or withdrawing more. It may be helpful to take a five-minute pause in shady areas when outside or step into a quiet hallway while indoors.

If the child uses [AAC](#), prepare vocabulary that fits the outing, such as “loud”, “crowded”, “hungry”, or “need break”.

You can teach the child ahead of time that it’s okay to ask for a quiet space or sensory break when they feel overwhelmed. Show them what the space looks like, if needed.

Autistic children are more likely to be curious and enthusiastic during the trip when they feel they have control over the environment and know that the adults in their lives are respecting their needs.

Safety strategies

Depending on the child's cognitive and communication abilities, it may be necessary to assign a specific adult to them during a field trip.

However, in wide spaces, such as a museum lobby or an outdoor park, a child can [wander off](#) when they're curious about something or panicked by a loud noise. This is why safety planning is an absolute must.

Identification is a good start, so staff at the location can easily spot the individual. For instance, velcro-attached name tags or medical alert bracelets can be particularly helpful if the child is non-verbal or struggles with expressive language.

You should include their name, emergency contact information, and a simple sentence like "I have autism. I may not respond."

If possible, assign buddies for each child, preferably those who are patient. A familiar peer or adult can gently guide the child and offer reassurance if they become overwhelmed.

Additionally, rehearsing meeting spots is another good practice. If you're at a museum, for example,

find a convenient place, such as the dinosaur statue by the front doors.

To prevent wandering, especially if a child has a history of this, you can use harnesses and GPS tags to locate them if they become separated.

Teachers and chaperones should charge their phones before the trip, especially if they plan to take pictures, which can drain the battery. A functional phone is necessary for various safety purposes.

The person transporting medications and emergency bags should be trained and understand how to use them.

Finally, communication tools should be accessible at all times. A child who uses AAC should always have it with them and not in their backpack or on the bus.

When all staff and parents prioritize safety, children are much more likely to take full advantage of what the field trips have to offer.

Making it fun

If possible, connect the field trip to the child's special interests. For example, if they like numbers, allow them to count the number of zoo animals they see at a specific time or location. Special interests are great, as long as they don't lead to any negativity.

Also, allow the child to have some autonomy and choices, such as what snacks they want to eat first or in which direction they want to walk.

When you praise the child, you also help make it more fun. A simple "I like how you spoke to our tour guide!" can make a much bigger difference

“ A familiar peer or adult can gently guide the child and offer reassurance if they become overwhelmed. ”



than you realize. I know this worked with me during my field trips.

Don't forget picture-taking opportunities for memories, too. I still have a handful of field trip photos, and I have looked through them numerous times over the years.

If the child comes home smiling, talking, signing, or [pointing](#) about something they enjoyed during the trip, that's always a positive.

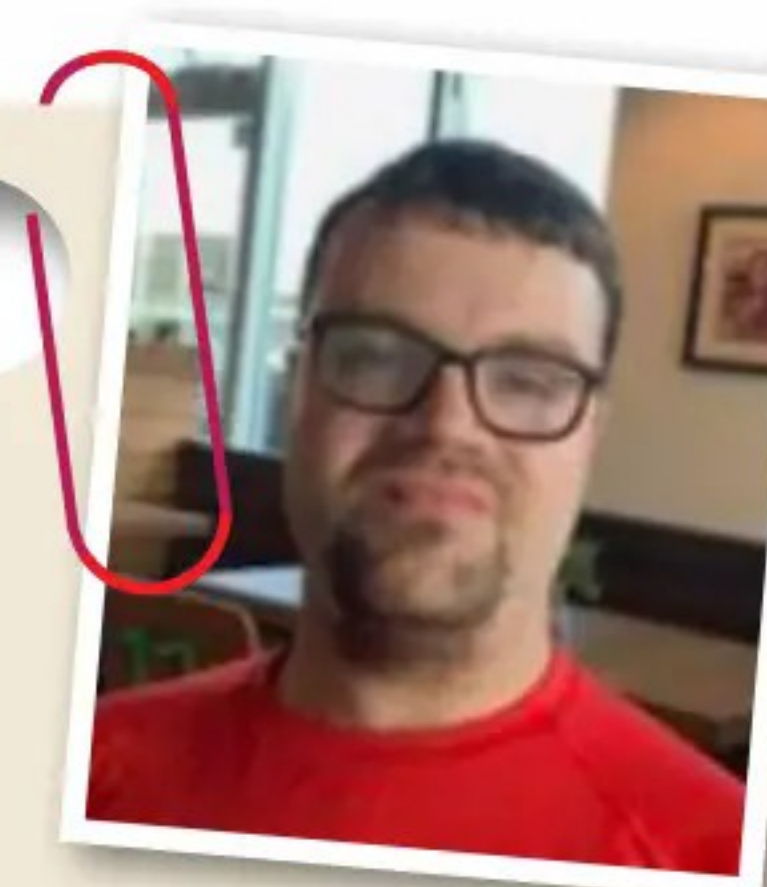
Field trip success

When there's enough planning, patience, and personalization for an autistic child's field trip, they don't have to feel like they are walking into a place where they don't feel welcome. Instead, these trips can become some of the child's favorite school year memories.

When parents and teachers preview the trip, anticipate the child's [sensory needs](#), understand the best safety strategies, and ensure it is suitable fun for the child, everyone wins.

After the trip is over, think about presenting a certificate for being reliable, brave, or hardworking. Maybe a small prize or an enthusiastic "You did it!" could also make a huge difference.

Field trips show a child, autistic or not, that the world is huge, fascinating, and open to them. For that reason, when everything is appropriately planned, be sure to enjoy these special days. They create some of the most long-lasting memories.



Cory Morrison is 32 and has lived in the Toronto area his whole life. He was diagnosed with autism at 3.5 years old. He is a college journalism graduate who has been increasingly interested in writing and publishing content. He also has special interests in weather, music (listening and playing), motivational quotes, and autism advocacy.



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Bullying at School: Policies and Advocacy

By Robin Rettie, MEd, Special Education

Why does bullying occur, and what are the policies surrounding this?

Some people with autism may feel anxious or have low self-esteem or self-confidence regarding social engagement. The mental processing needed for social exchange is demanding and may require a moment to withdraw and recharge.

This, unfortunately, can make some the perfect target for bullying.



What parents and children should know

The limbic system in the brain is where emotions, motivation, and behavior are processed. The amygdalae, two almond-shaped structures known as the emotional center, can be underactivated. This can result in social misinterpretations, which could lead to social bullying.

To safely exit a situation with confidence, an elaborate protective process includes the following systems:

- sensory
- peripheral and central nervous
- limbic

Protecting oneself starts with sensory stimuli that enter the eight pathways:

- sight,
- sound,
- touch,
- smell,
- taste,
- interoception,
- proprioception,
- vestibular.

They travel through the peripheral and central nervous systems, sending a message to the limbic area of the brain.

Each system is purposefully designed to work together. Yet, if incoming sensory information is perceived as overwhelming due to bullying, the process can go off course and lead to exaggerated fears and responses.

When the amygdalae are put on notice, the message can be perceived as a serious situation. The human body responds physiologically through the human organs. This 8th sensory system, [interoception](#), can result in several physical responses such as:

- increased heart rate
- clenched fists or teeth
- swaying
- hair twirling

Interoception allows the child to recognize the warning signs of their organs, enabling them to implement a pre-planned exit strategy away from the threat.

However, without being taught an exit strategy, the child is defenseless. The result can be an inappropriate response, such as fight, flight, or freeze.



Without a plan, the emotional brain takes over, resulting in an inability to protect oneself appropriately. Those who freeze can become targets of further bullying.

Supporting the bullied child

Most individuals with autism are [visual thinkers](#) and learners. Using visual supports to preplan an exit strategy empowers them to seek safety.

Teaching an individual to recognize their body's internal warning system to exit can help minimize or eliminate the risk of bullying. Here are the steps:

Encourage your child

Have them engage in calm dialogue about their fears and bullying concerns. The adult listener always allows the child to process information.

- Use a sensory wheel. Point to interoception. Say and define the word. Encourage your child to repeat it. Ask, "What is your body telling you?"
- Use free, online photos of peers of the same age expressing fear and calm through facial and body movements.
- Compare emotional expressions as your child identifies interoception at work.
- Ask "What does your body do when you feel fear?" Provide supportive statements such as "Do you bite your lip sometimes?" or "Do you get a headache?"
- Print a full-body photo of your child. Have them circle the areas where warning signs occur. Review it with them.
- Empathize with simple phrases, such as "I understand your feelings."

Brainstorm with your child

Together, determine action options: What can be done rather than what not to do.

- Say, "Let's plan for when you feel fear. What can you do? Could you walk away?"

- Explore the fear of walking away.
- Draw or write emotions shared.
- Ask, “If you walk away, do you know where you would go?”

Most do not know where to go, even if they’ve been told. Brainstorm safe people and places they may go to in the community.

- School: teacher, counselor, or trusted leader
- Grocery store: parent, store manager, or cashier
- Church: parent, clergy, familiar adult, or church office
- Restaurant: wait staff or hostess

Draw the actions on paper and list your child’s thoughts for action. Stick figure drawing is fine. Tapping into the visual or right side of the brain helps in remembering what can be done.

Refer to the photo showing internal warning signs to remind them to recognize their body’s signals.

Role-play

This active method supports the memory of skills taught. You can act out real-life situations while recording on your phone. This allows your child to experience the necessary action needed to take refuge safely.

Review the video to support visual learning.



Social Stories™

Write a Social Story™. For example, “When I am afraid, I can...” Write or draw the action steps. Add pictures of your child showing the emotions felt when being bullied. Reference the warning signals photo to act on their exit plan.

Visual cues

[Visual cues](#) are excellent, quick reminders of what can be done in any environment. Carry a few key pictures of appropriate can-do skills on a metal ring to flip through and show your child when needed.

Your child can also collaborate with teachers regarding visual cue reminders for bullying safety in school.

One-page profile

The one-page profile is a brief snapshot of your child’s needs or a list of “what can be done” strategies.

Brainstorm with your child. Let them create their profile with their preferred picture. This bonding time assures your child that you are their greatest supporter and allows them to feel empowered with a plan you created together.

This visual can help your child take ownership of their behavior to exit with confidence, while self-advocating and enacting their plan to remain safe.

NAME:	
Picture: Me	I Can Do...
	1.
	2.
	3.

Allow your child to share the one-page profile with teachers who can support your child’s ability to self-advocate.

Responding to school bullying

Bullying is an urgent issue, but addressing it with a plan results in a quicker response. Document concerns, conversations, and phone calls in writing via email.

- Research your state's bullying policy to reference for staff.
- Remain calm and include facts. For example, on date X, this incident occurred in the gym hallway with X and Y at 1:15.
- Request that all cameras in the areas where bullying occurred be preserved so that footage showing any incidents cannot be recorded over or destroyed.

Under the Family Educational Rights and Privacy Act (FERPA), public school surveillance footage must follow federal regulations. If the footage is related to the student and is kept by the district, it may be treated as an educational record and not always accessible to parents, to protect students' privacy.

State laws vary for video retention periods. Districts are required to post policies outlining the expected protocol in the District Handbook regarding:

- Footage retention periods
- Secure storage protocols
- Access logs
- Guidelines for footage related to incidents

If you are denied access, request a comprehensive written report via email detailing the video footage.

Meeting with the school

Before the meeting, determine what you know to be appropriate for your child. Then, document everything during the meeting.

Begin negotiations with the school staff in a recorded [IEP](#) or [504](#) meeting, and **inform the staff that you will be recording** the meeting.

Some possible options to consider asking for during the meeting:

- Counseling support while in school
- A safety plan specific to your child's needs
- Removal to a new campus: A bullying victim has the right to move to a new campus or request that the bully be removed. The district is obligated to support either option depending on the severity of the case.
- Restorative justice: School officials, including a counselor, meet with your child and the bully to teach and support them to engage in kindness. Ideally, the children learn the necessary skills for life.
- The district pays for private counseling.

“ Teaching an individual to recognize their body's internal warning system to exit can help minimize or eliminate the risk of bullying. ”



If the bullying causes severe trauma and harm, and the above options have been exhausted first, consider seeking a lawyer for advice. This can be costly and emotionally draining. If your child's case is victorious, the district will pay for your legal fees.

You also have the following options:

- File a State Education Complaint: Be sure to include your state's code regarding bullying. Public education is required to have a complaint system listed in the District Handbook.
- Contact the Americans with Disabilities Act office for your state.
- File an Office of Civil Rights complaint using the District Handbook's verbiage.
- Determine an expected outcome; what compensation does your child need?

Moving forward

Bullying is a serious matter; parents' emotions are real and raw.

To appropriately prepare, review federal, state, and local policies and remain factual to secure the decision makers' attention and move forward as best you're able.

Share ideas and progress with your child as much as you believe to be appropriate. Your child will learn from your actions.



Model the behaviors your child has the right to exhibit, supporting them in navigating life interdependently as a self-advocate.

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<https://carolgraysocialstories.com/>

<https://www.niu.edu/citl/resources/guides/instructional-guide/role-playing.shtml>

Robin Rettie, MEd, Special Education

began her career in 1976 in Ohio, where she worked on deinstitutionalizing individuals into residential homes through the Wood County Board of Developmental Disabilities, a highly regarded and progressive program for individuals with differing abilities.

Robin has a Master's in Special Education and 34 years of experience working directly with divergent thinkers. In 2007, Robin began her educational consulting company, Lighthouse Learning Resources (LLR), in honor of her sister, Laurie Lorraine Rettie (LLR), who passed on in 1969 while residing in Willowbrook State School, located in a remote area on Staten Island. Robin finds great joy supporting individuals like her sister, Laurie, and her 33 animals.

"I cannot rewrite Laurie's history, but I can contribute to the script for the future of others like her."



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Ask Dr. Malcolm

By Ronald I. Malcolm, EdD

Dr. Malcolm answers parents' questions and concerns about their autistic children. You can submit your questions [here](#).

Grandmother Mimi from Athens, US, asks:

I have a five-year, soon-to-be-six-year-old grandson who is autistic. His mother and his younger sibling, who is 10 months younger, live with my husband and me. He has language and is in a collab[orative] setting at school.

The problem is that our grandson has become increasingly difficult to handle. He hits and tells people to shut up. This behavior happens when he doesn't want to do something or when he wants to keep doing something.

We are desperately seeking help and answers because we don't know how to handle this type of behavior. When he hits, we try to redirect him, and when he's yelling at someone to shut up, I typically will ignore him or tell him those aren't kind words.

We want to use strategies that will help correct the behavior and give him appropriate consequences.

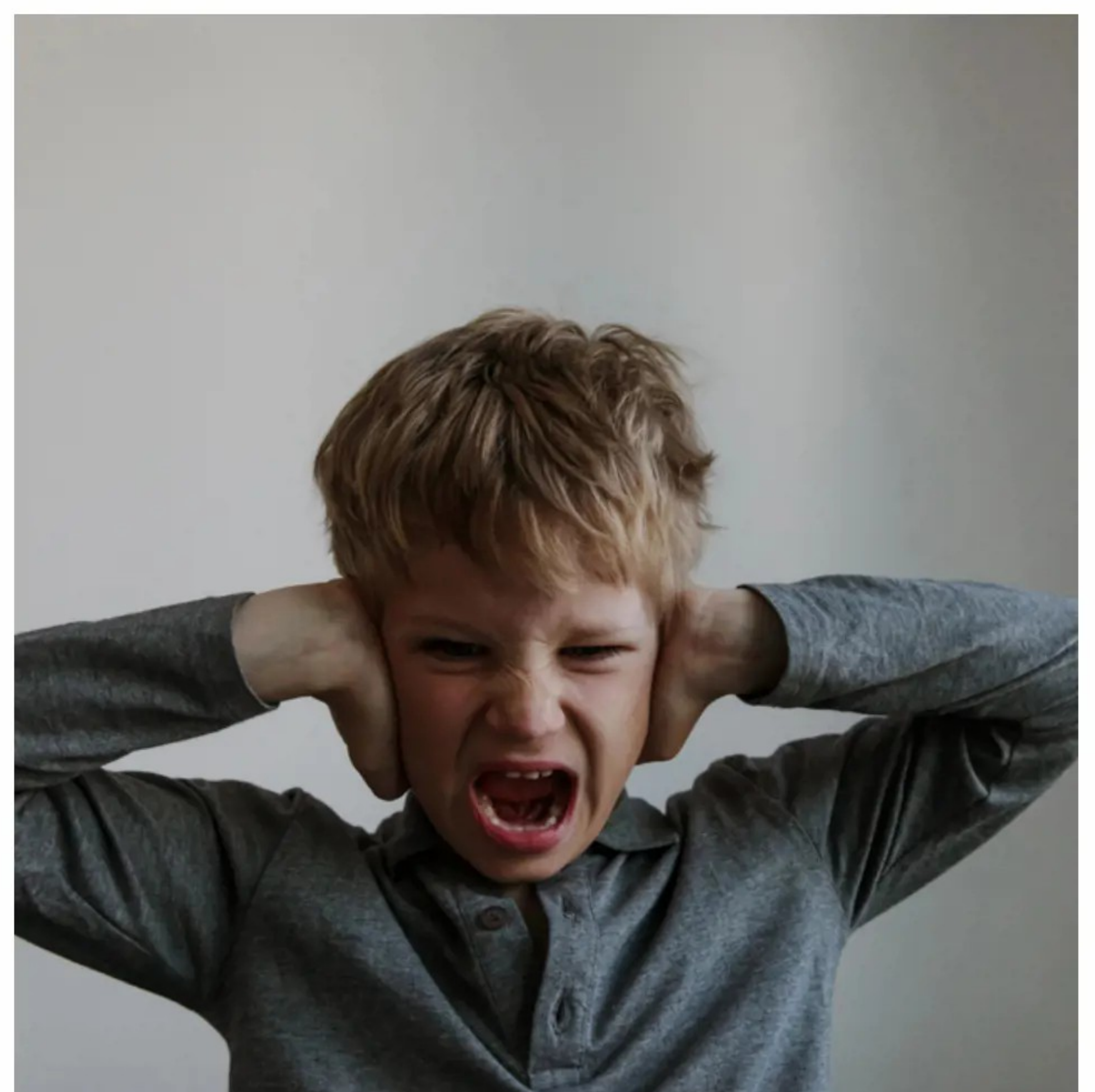
Thank you for your question. Here are some things to consider:

Tantrums vs meltdowns

It is always good for parents, guardians, and grandparents to fully understand the difference between a [tantrum and a meltdown](#).

Children having a tantrum are generally attempting to obtain something deliberately. It may be an object, a preferred item, or the attention of a parent or teacher.

When a child with autism presents with a meltdown, they tend to have little control over their bodies. Often, children experiencing a meltdown are unaware of their behaviors.



You should not dismiss a meltdown as a simple tantrum. The meltdown may be a result of an unaddressed sensory-related issue.

Transitions

[Transitions](#) or changes in daily routines can cause difficulty for many young children with autism. Alerting a child before a change occurs in their environment may give the child additional time to process the request being made of them. This can also be true when we know the child will be asked to stop doing a particular activity.

Recognizing warning signs

Guardians can help children manage their behaviors by recognizing warning signs that may occur before a meltdown. Recognizing warning signs, such as hand flapping, verbal insults, [spinning](#), and rocking, can allow you, as the guardian, to distract the child before the behavior escalates.

Such distractions could include engaging your child in a fun activity, such as playing a game, singing a song, or drawing a picture.

Preferred items

Once warning signs are recognized, it will be important for you to know what items are highly preferred by your child.

If your child is highly reinforced by music, access to technology, [sand or water play](#), or swinging in the backyard, then these preferred items can

“ It is always good for parents, guardians, and grandparents to fully understand the difference between a tantrum and a meltdown

”

be offered to either distract them from entering a behavioral meltdown or reinforce preferred behavioral responses.

If-then strategy

This is a strategy that many children with autism find effective. Before beginning an activity, it can be explained to the child that if they do a certain task, then they can gain access to something they prefer.

For example: “If you write your numbers 1-5 on this piece of paper, then you can play your video game.”

Visual timers

Many children struggle with stopping an activity they are enjoying. It can be explained to the child that they will be using a “[visual timer](#).” They will require some additional training on how the visual timer works. They can visually witness the timer and see that it is not just a verbal demand from their caretaker.

A caretaker can also use the strategy of reminding the child when their final minute of the timer is about to stop. This may help the child understand that the activity is about to come to an end.



Social stories

A parent or guardian can develop a social story or ask their child's teacher to help them create one. The social story can outline why it is important [not to hit](#) someone.

It can also provide strategies for the child with autism to follow when they might feel that they are about to become upset, want to tell someone to "shut up," or become aggressive.

Offer choices

Choices can be offered to your child and presented in the form of alternative behaviors. So, instead of hitting someone or telling them to "shut up," your child can be taught a [replacement behavior](#). They can be offered the choice of "asking for assistance or help" or "asking to take a break."

Stay calm

It can be challenging to be an appropriate role model when a child is experiencing a meltdown. This is especially true when it happens in public around other adults who do not understand what is happening.

Your instinct is to simply tell your child to "Stop it" or "Calm down." No one ever calms down when told to "calm down."

The best approach to dealing with your child's meltdown is to [stay calm](#). Becoming escalated yourself will only continue to escalate your child.

Modeling appropriate responses for your child may not seem like it is immediately assisting you, but in the long run, your child will continue to watch and learn from you.

Consulting your doctor

It is always a good idea to include your child's pediatrician in the conversation surrounding your child's behavioral reactions.

They may ask you questions about your child's diet, how much exercise they are getting daily, or what you have observed with their sleep patterns.

Doctors are often very aware of additional community supports that may be available to you for further counseling, mental health support, ABA therapy, parent support groups, or even medication.



Ronald I. Malcolm, EdD, is an Assistant Director of Student Services and Special Education for a public school district and a Special Graduate Faculty member at the University of Kansas. He holds bachelor's degrees in English and special education, as well as master's degrees in counseling, special education, and school administration. His doctorate is in educational leadership from Northern Arizona University, and his post-graduate degrees are in positive behavior supports and autism spectrum disorders. He has worked for the past 41 years with students between the ages of 3 and 21 who have autism and various medical needs in different school and community-based settings.



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Understanding PTSD in Caregivers

By Dr. Danny L. McGuire, Jr., MA, MPA, MS, PCC

Caregivers may experience PTSD from the stress of their role.

Parenting a child with autism is an experience filled with profound love, unwavering dedication, and unique challenges. Achieving each developmental milestone feels like a victory.

However, setbacks or meltdowns can often lead to emotional, mental, and physical fatigue.

For many caregivers, the continuous demands of supporting their child through unpredictable behaviors, complex healthcare systems, and societal misunderstandings can have a profound impact than simple exhaustion.

It can mirror the effects of trauma itself.

What is PTSD in caregivers?

Post-Traumatic Stress Disorder (PTSD) is commonly associated with individuals who have experienced life-threatening or traumatic events.

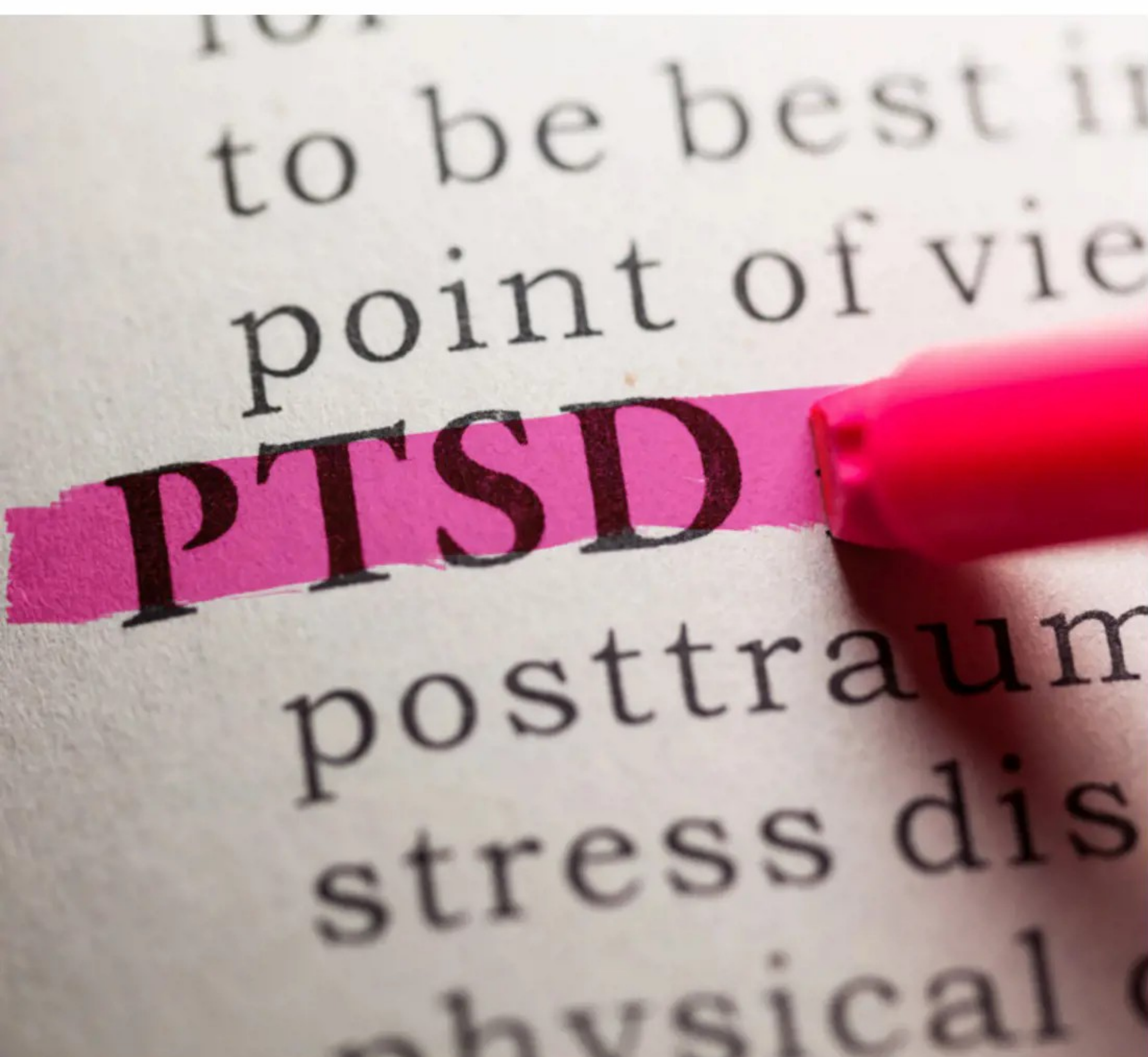
However, emerging research suggests that [caregivers](#) of children with autism can experience a form of PTSD resulting from chronic exposure to high stress, especially when they feel unsupported or overwhelmed.

For these parents, trauma does not result from a single event but from the accumulated burden of caregiving: repeated crises, emotional strain, and the isolation that often accompanies this role.

Understanding the mental health needs of caregivers

Far too often, the caregivers' mental health is overlooked when supporting individuals with autism. Yet, a caregiver's well-being is directly related to their ability to nurture and support their child.

It is important to recognize the emotional impact of caregiving. Untreated caregiver trauma can lead to symptoms that mimic classic PTSD, such as hypervigilance, flashbacks, and emotional detachment.



The link between autism caregiving and PTSD

Studies estimate that up to 50% of mothers of children with autism report symptoms consistent with PTSD. Unlike one-time traumatic experiences, caregiving-related PTSD stems from sustained psychological strain.

For example, caregivers often find themselves anticipating the next meltdown or confrontation with a teacher or healthcare provider.

This state of continuous alertness can contribute to heightened anxiety and [burnout](#).

Common triggers include:

- **Managing behavioral challenges:** Meltdowns, [aggression](#), or self-injurious behavior require immediate and intense interventions, often in public settings.
- **Navigating complex systems:** Therapies, Individualized Education Plan (IEP) meetings, and endless appointments create logistical and emotional overwhelm.
- **Social isolation:** Feeling misunderstood or judged by family, friends, and even professionals can contribute to withdrawal and loneliness.



- **Financial strain:** Costs of therapies, special schooling, and reduced work capacity can hurt families economically, especially with limited state support.

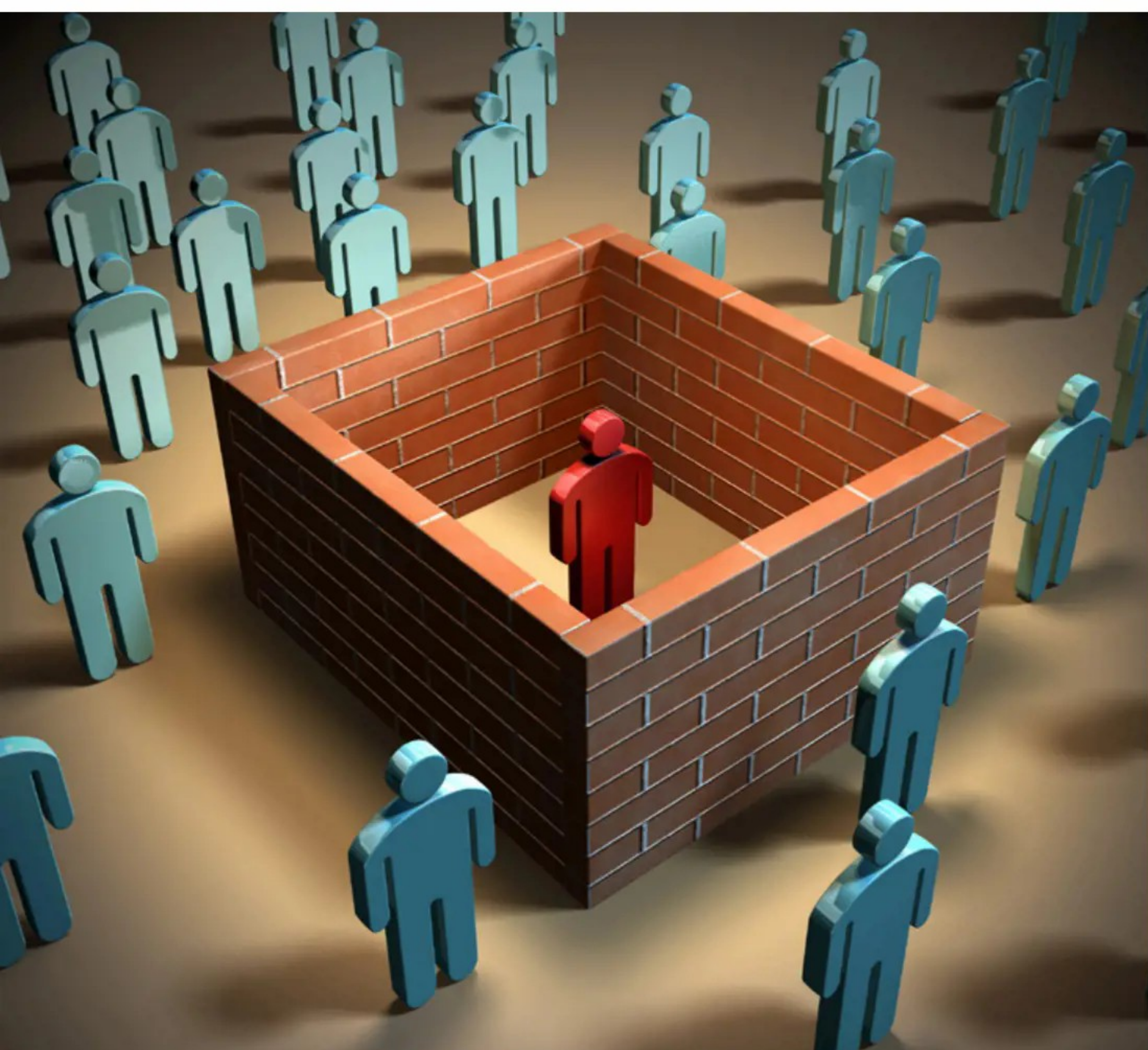
These compounding stressors can manifest as PTSD symptoms when a caregiver's nervous system is persistently on high alert.

Recognizing PTSD symptoms in caregivers

PTSD does not look the same in every caregiver. Some may function “normally” on the outside while battling debilitating symptoms internally. Here are some important indicators:

- [Intrusive thoughts](#) or flashbacks of traumatic caregiving events
- Sleep disturbances or nightmares, often tied to worry about the child's safety or future
- Emotional numbness or detachment makes bonding with others difficult
- Anxiety, depression, or constant feelings of being overwhelmed

A caregiver might describe feeling as if they are “running on fumes” or “trapped in survival mode.” One parent shared that after a particularly violent meltdown that resulted in injury, she could not stop reliving the scene weeks later.



Breaking the stigma

It is common for caregivers to feel guilty for prioritizing their own needs. Society often paints [self-care](#) as selfish, especially for parents of children with special needs. This mindset is harmful.

[Caregivers](#) are support systems, and they also deserve care. Acknowledging mental health challenges should be seen as an act of courage and self-preservation, not weakness.

Being able to talk about caregiver PTSD allows for healing. Someone who is not okay should ask for help.

Strategies for managing PTSD and chronic stress

Caregivers can take steps to reduce PTSD symptoms and restore emotional balance:

- **Seek professional help:** Therapy, especially trauma-informed approaches like Cognitive Behavioral Therapy (CBT), can provide coping strategies and validation.
- **Join support groups:** [Connecting with other autism parents](#) provides emotional understanding and shared resources.
- **Practice mindfulness and self-compassion:** Deep breathing, grounding exercises, and journaling can help caregivers feel secure.
- **Identify triggers and set boundaries:** Awareness of stressors allows for proactive planning.

“ Post-Traumatic Stress Disorder (PTSD) is commonly associated with individuals who have experienced life-threatening or traumatic events.

”



- **Set boundaries:** Saying “no” and delegating tasks is strategic, not failure.
- **Create a care circle:** Enlisting trusted friends, relatives, or [respite](#) workers for small breaks can significantly improve resilience.

A message of hope

My parenting journey illustrates the depth and complexity of the caregiving experience. My son was diagnosed with “[low-functioning autism](#)” the day before his second birthday in June of 2002.

From that moment through today, this path has been challenging, rewarding, heartbreaking, joyful, and has evoked every emotion imaginable.

Due to the severity of his functioning, now classified as “level three,” I do not have the luxury of taking off a day. I am responsible for his transportation, helping him navigate emotional dysregulation, and supporting him during meltdowns.

This role has become a lifelong mission born of unconditional love. It is the ultimate sacrifice, but one that is made without hesitation because of my deep and abiding love for my child.

I live with a diagnosis of complex PTSD. My condition stems from the prolonged challenges of caregiving, as well as from multiple earlier life traumas and a demanding career as a first responder.

I've learned through my experiences that trauma does not erase strength; it reveals it. Vulnerability is not weakness; it is the birthplace of resilience.

To every parent and caregiver reading this: you are not alone. Your pain is real, your exhaustion is valid, and your perseverance is heroic.

You have the right to take care of yourself, seek healing, and rediscover joy amid hardship.

Healing is possible. Even in the hardest moments, love remains the most powerful force that carries us through.

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Dr. Danny L. McGuire, Jr., MA, MPA, MS, PCC, is a former board member of the Autism Society of Illinois and the father of an adult son with autism, diagnosed at age two. Danny is currently the Executive Director of a collegiate Public Service Institute. With over 35 years of public service experience, he holds degrees in Law Enforcement Management, Counseling Psychology, Public Administration, Foods and Nutrition, and Ethical Leadership. Danny is a credentialed coach by the International Coaches Federation with several areas of specialization. You can contact him at danny@crosstownwellness.com or www.crosstowncoaching.com.

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Recognizing Relationship Abuse

By Jeremy and Ilana Hamburg

Recognizing an abusive relationship is a step toward help and healing.

We help autistic and neurodivergent adults build the kinds of friendships and romantic relationships that feel safe, respectful, and deeply fulfilling. Yet, for too many people in the autism community, their reality is just the opposite.

Recognizing and navigating relationship abuse is difficult for anyone. For autistic individuals, it can be even more complicated because the social world often operates on unspoken rules.

Some autistic adults who are thoughtful, loyal, and emotionally generous have found themselves stuck in friendships and relationships where they feel ignored, dismissed, or manipulated. For many, they often don't realize they're experiencing abuse.

Or in some cases, they do, but the idea of calling it out feels too painful or too risky.

Understanding relationship abuse through a neurodivergent lens

When people hear the term “relationship abuse,” they tend to think of physical violence. Yet, abuse can take other forms, too.

For autistic individuals, recognizing the red flags and behaviors that characterize relationship abuse can be especially hard. Even if they do recognize the abuse, after facing years of rejection, they may tolerate it simply because they're afraid to walk away from someone who shows interest in them.

How autism can complicate relationship dynamics

Autistic individuals may face [relationship](#) challenges that make them uniquely more vulnerable to manipulation:



- Communication differences can make it harder to express discomfort with a situation.
- The struggle to read body language and [social cues](#) can make it harder to interpret the other person's intentions.
- Literal thinking can lead to the assumption that the other person is honest, even if that trust isn't warranted.
- [Masking](#) and people-pleasing can cause someone to keep their own needs quiet so as not to “rock the boat.”
- A strong desire for routine and stability can make leaving a relationship feel frightening, even when that relationship is toxic.

One individual had been in a relationship for over five years. His girlfriend never asked about his thoughts or feelings. She changed the subject when he brought them up and made every conversation about her.

He had been deeply unhappy for a long time, but he was equally reluctant to leave because he didn't want to be alone.

Together, we worked on how to talk to her about wanting more balance in their relationship. Things improved, but as he grew more socially confident, he also realized that he deserved better and was capable of doing better.

He ended the relationship, and for the first time in years, he felt free to find a partner who sparked his joy.

“When people hear the term “relationship abuse,” they tend to think of physical violence. Yet, abuse can take other forms, too.”

”



Why abuse may go unrecognized or unreported

Most of the autistic adults we meet have had few close friends and even fewer [dating](#) experiences, which gives them very little life experience to draw on. So, they may not see the warning signs or trust their instincts if something does feel “off”.

Others fear they won't be believed, especially if they're [nonspeaking](#), highly masked, or have co-occurring conditions like anxiety or PTSD that can make self-advocacy more challenging.

As a former lawyer specializing in financial crimes, I know this: Vulnerable adults are prime targets for scams and abuse because loneliness makes people overlook red flags. Autistic adults lose thousands, even tens of thousands of dollars, to scammers.

Here are the three best protections:

- Know what the red flags are.
- Build a strong social life so [loneliness](#) doesn't influence decision-making.
- Have a trusted adult act as a “gut check” when the other person's behavior feels “off”.

Steps toward help and healing

If you're a parent or caregiver, consider these ways to help your loved one stay safe:

- **Get to the truth:** Ask questions in a gentle manner. Don't push, but do what you can to help them express what they're going through. Understand why being treated in certain ways is abusive.
- **Create access to trusted confidants:** That could be you, a therapist, or a safe online peer community. We've noticed that people start recognizing and reversing unhealthy patterns once they're surrounded by others who treat them with respect and care.
- **Plan, plan, plan:** Planning can set you free. So, plan how to handle abusive behavior the next time it happens. Determine how to find new social outlets to spark joy and reduce loneliness. Plan how to connect with new people who are open to healthy [friendships and relationships](#).

Everyone deserves healthy, loving relationships

No one should have to choose between loneliness and mistreatment. Everyone deserves to be heard, respected, and safe.

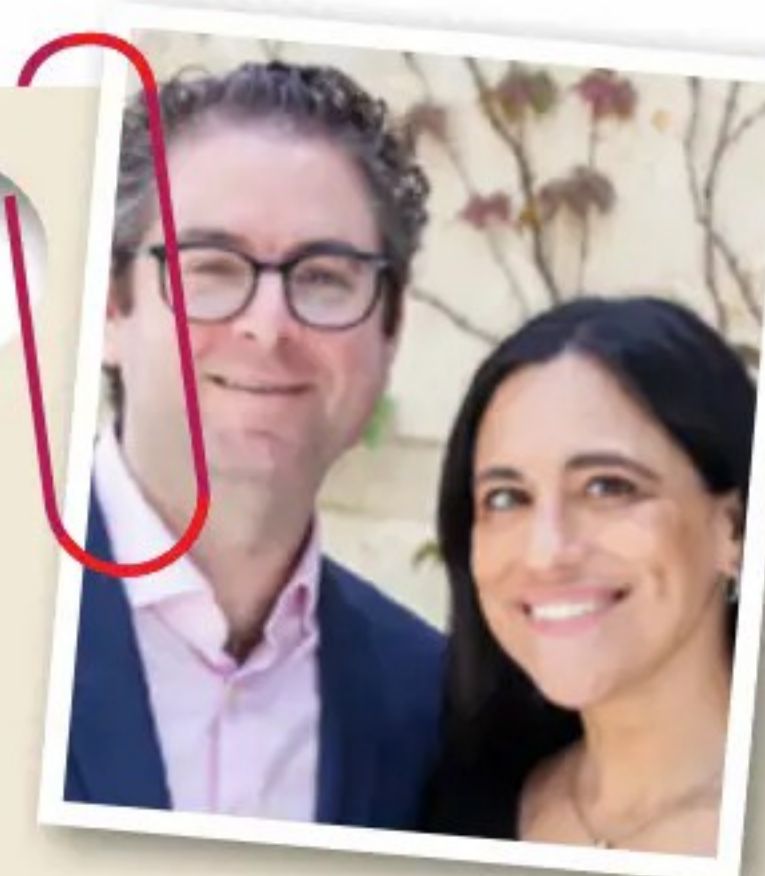
We tell our clients: Don't settle for less than you deserve! You shouldn't either.

“ No one should have to choose between loneliness and mistreatment. Everyone deserves to be heard, respected, and safe. ”



Jeremy and Ilana Hamburg

are friendship and dating coaches who empower autistic and neurodivergent adults to find community, form friendships, start dating, and build meaningful relationships. With Ilana's 16 years of experience as a special education teacher in New York City and Jeremy's 15 years as a social coach, their clients benefit from their depth of knowledge and an unparalleled sense of compassion.



Their cutting-edge program, Social Life 360, teaches clients how to meet new people in new places with more confidence by decoding social situations for their clients in an innovative way: They break down the complexities of social and dating strategies into formulas, diagrams, checklists, and step-by-step processes that are more intuitive for people with neurodivergent minds.

The Social Life 360 program also provides its clients with a warm, inclusive, and vibrant online community of other clients and graduates from all across the United States and different corners of the world, so clients feel embraced on their social journey from day one.

Learn more at MyBestSocialLife.com.



Autism Warrior - Inspired by Life

By Sharon Longo, BA

A playwright with autism shares insights and accomplishments to provide others hope.

When 28-year-old Matteo Esposito felt anger and pain caused by someone else's "ignorant and careless behavior," he didn't harbor the feelings. Instead, he used writing as a "creative and therapeutic release."

How it all began

Matteo, who has autism, wrote a play entitled "Sorting It Out," based on a true story about an incident that occurred on a local transit bus. He describes the work as "an important and universal tale of what can happen in our world when neurotypical treats the neurodiverse ignorantly."

He explains, "The work I do is entertainment-based using the experiences of others and myself as inspiration, combined with elements of my own life story. My plays create unique experiences for the audience or viewer who's watching it."

In the summer of 2023, Esposito's play and his props design for it "got a New York City run," when it was presented "in a small off-off-Broadway venue."

Overcoming challenges

When asked about any challenges he has faced, he refers to his work. "There are significant challenges in the playwriting and entertainment world from a career standpoint (...).

"However, I am a driven individual, and with the support and feedback from so many people who tell me they have been touched by my story, I need to keep going."

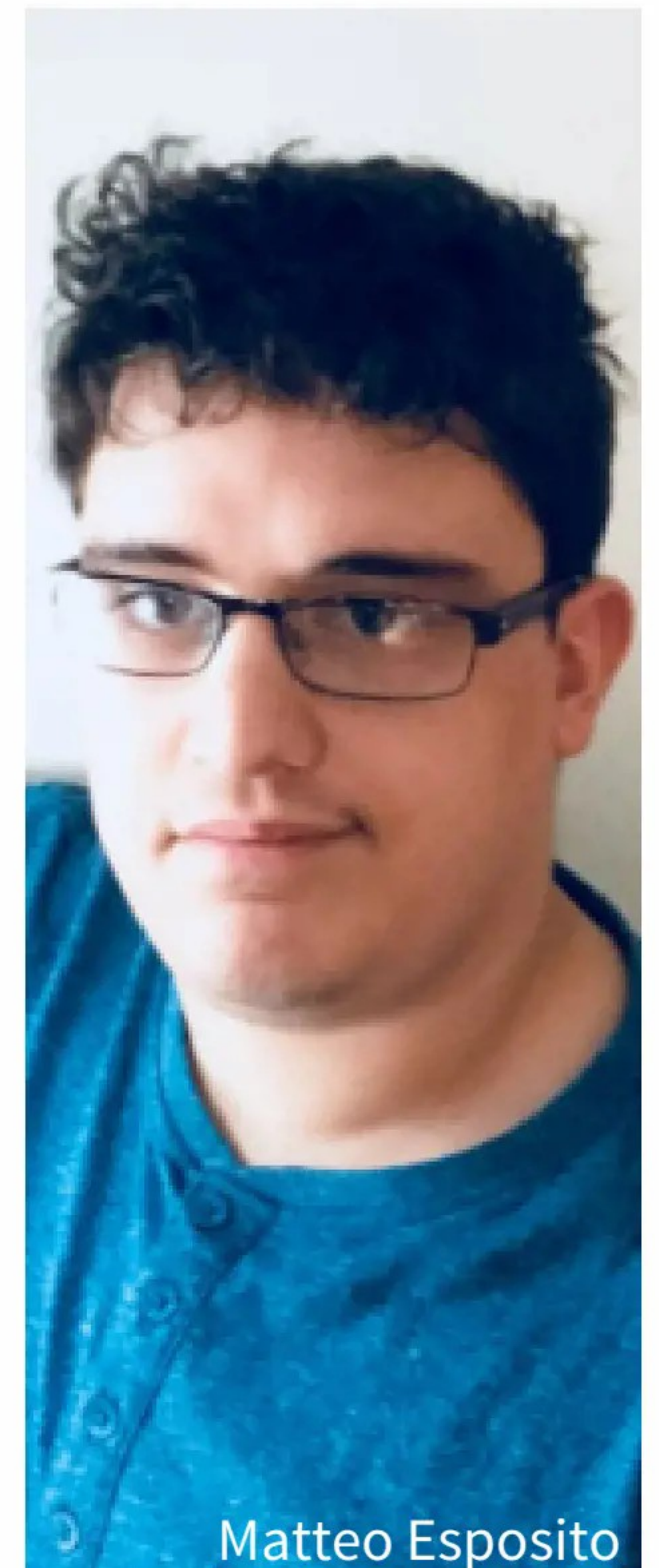
His greatest accomplishment

Matteo cites a few examples of his accomplishments regarding his play. "For me, the surprising thing was that out of eight performances, four of them sold out. (...) We were able to make a profit (...)." He mentioned how many New York shows usually don't reap that benefit.

"For one night only, 'Sorting It Out' recently got presented at The Richmond Hill Centre for the Performing Arts as part of their 2024/2025 season this past April."

Finding inspiration

When asked about what inspires him, Esposito



Matteo Esposito

had this to say. “While inspiration can come from anywhere, I get my inspiration from life, from my past experiences, and from people on the spectrum themselves.”

While he knows others might find inspiration in a painting or some other source, he explains, “Life, in general, can give you amazing inspirations, and that’s what’s so beautiful about our life. We are all the same, as we are all human beings, and we are all normal.

“But wait! What is normal? How would anybody describe normal? (...) Does that mean that everything is unique and special, from (...) [toys](#) and books to buildings and human beings in their own individual way? I would say a big fat (...) yes!

“All of us think, learn, and understand in very different ways because of how our brains are wired (...).”

Present and future goals

Currently, Esposito is writing a television series called “The Voice Inside,” which is about autism. He is working with a new company based in Miami, Florida, stating, “The first episode (...) already went to some prestigious North American Film Festivals such as Toronto, Canada’s Nollywood Film Festival last year.”



“ We can surprise a lot of people if we are given the right chance with the right support!

”

He also mentioned that the first three episodes aired on PBS Miami this past April.

He is also working on a second extended play (EP). The first, titled “You Can Do Anything,” features the theme song “Understand Me” from Esposito’s play. It is currently available on all major music platforms.

Matteo hopes to collaborate on projects, share his experiences through talks, and present his play to the public.

Advice for families with autism

Matteo’s advice for parents and families with autism is this: “Learn what they don’t like and what they like. Learn how to read them and the room every single time.

“Do the best you can with supporting their dreams. (...) A lot of people would not support me taking a trip to New York City to see my play as a preview performance. But I did it anyway.

“To be honest, I saved up all my [money](#) as well, on my own, to go down for a weekend (...). We can surprise a lot of people if we are given the right chance with the right support!”

He adds, “Let them teach you how to unconditionally love, be kind and empathetic, not to mention (...) teaching you compassion and to [forgive](#) others, yourself, and themselves.”

Impacting others

Matteo feels that encouraging words are good, but says that hearing “Believe in yourself, you can do this, Matteo!” often left him in tears.

He is also saddened by the “cold-hearted people who show up in our paths,” and he believes in helping out others in need. “That’s how we can break this fallen world that we sadly live in.”

He believes that helping others achieve, especially someone with special needs, is important. “Whether it’s a local [job](#), being part of a community, or just even accepting them in general as a friend, is honestly what we need the most.

“All of that is being kind and unconditionally loving, and if somebody won’t help right now, there will always be somebody that will help you.

“To you, my friends with special needs, you have truly been given a gift. The gift of life is one of the most truly precious things anybody can receive. May (...) you teach others how to unconditionally love!”

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 matteoesposito@hotmail.com



Sharon Longo, BA, is the editor of Autism Parenting Magazine, as well as the mother of three children: one on the autism spectrum, one who had selective mutism, and one with ADHD. She is a former educator with over 18 years of experience working with students, Pre-K through high school, and she was named Catholic School Teacher of the Year in 2014. Her work has been published in numerous newspapers and magazines, and she has written and published a specialty children’s book, [My Friend Daniel Doesn’t Talk](#) (Routledge; 1 edition; March 1, 2007), which won the recognition of Highly Commended in the British Medical Association (BMA) Patient Information Awards (Printed Materials). She enjoys spending time with her family.

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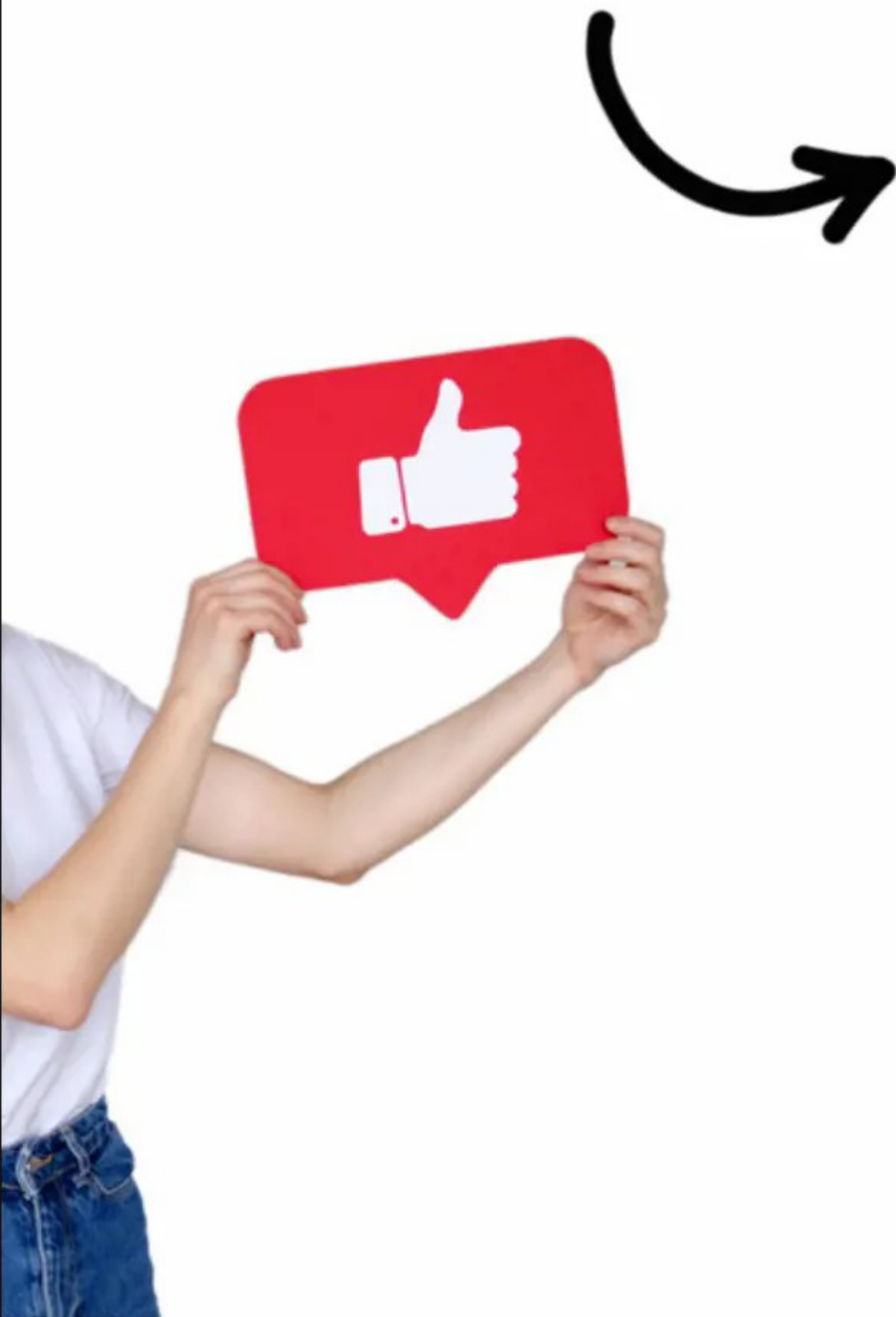
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What's New On The Bookshelf?



The Highly Sensitive Rabbit

By Judith Orloff, MD & Jennifer Adams;
Art by Katy Tanis

A new, beautifully illustrated picture book for children and the highly sensitive inner child within all grown-ups.

Sensitive children are gifts to the world and need to be nurtured. Yet, sometimes the world doesn't understand them.

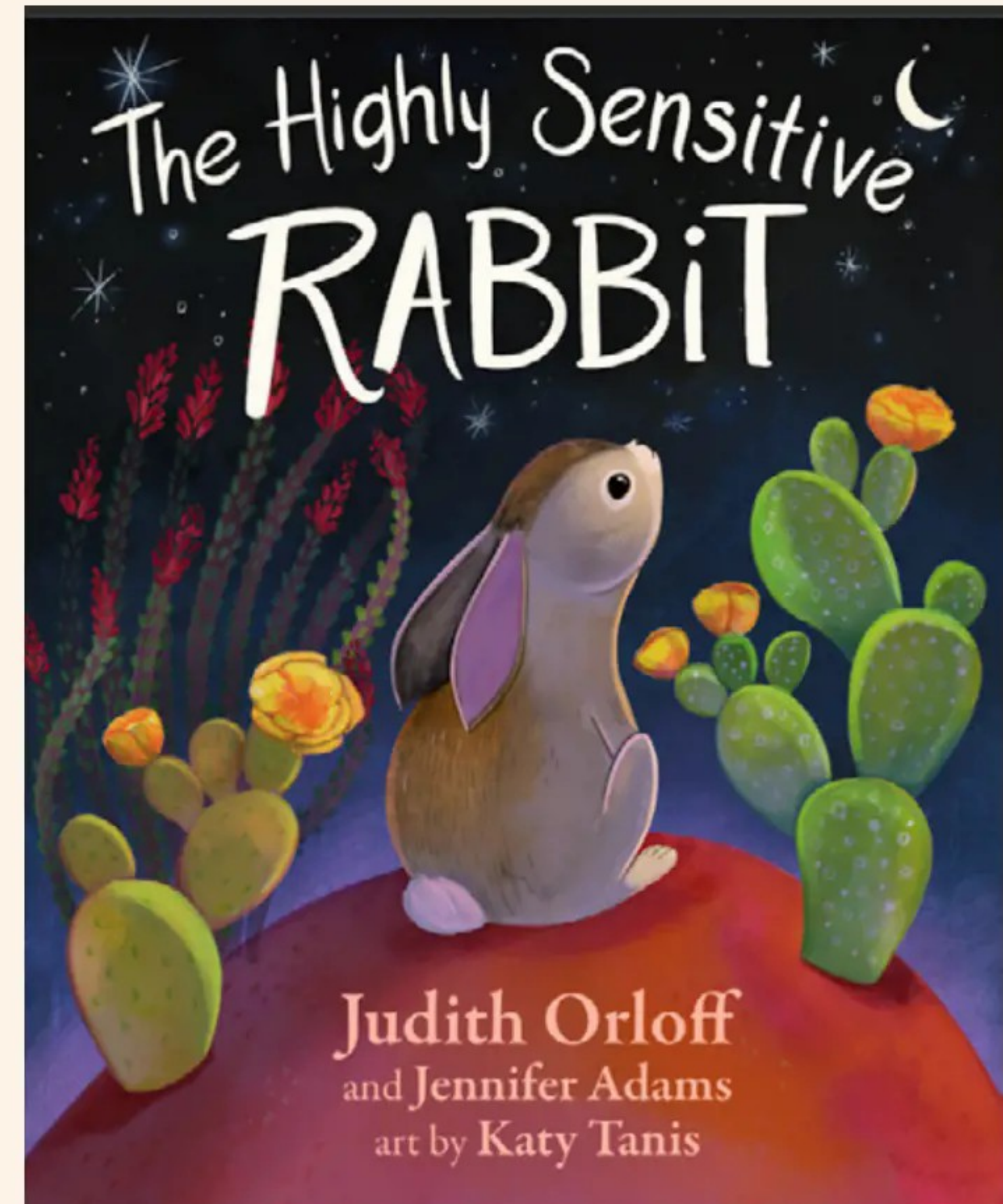
Growing up as a sensitive child, Dr. Orloff was labeled as "overly sensitive" and told to "get a thicker skin." So, she believed there was something wrong with her, and she had terrible shame about "being different."

This is why she is so passionate about her new book, [The Highly Sensitive Rabbit](#). It's about Aurora, a sensitive rabbit who doesn't feel like she fits in with the other rabbits and isn't comfortable with who she is.

That's what Aurora's journey is all about. When a flash flood destroys her family's burrow, Aurora must learn to face her sensitive nature head-on. She meets a spiny lizard, a spotted skunk, a cactus wren, and a javelina, all of whom have lessons to teach her about kindness and self-care.

Like Aurora, the children who read this book will learn to center and calm themselves when they feel overstimulated or overwhelmed. They will learn to embrace their sensitivities as a blessing and let go of any shame they feel about their gifts.

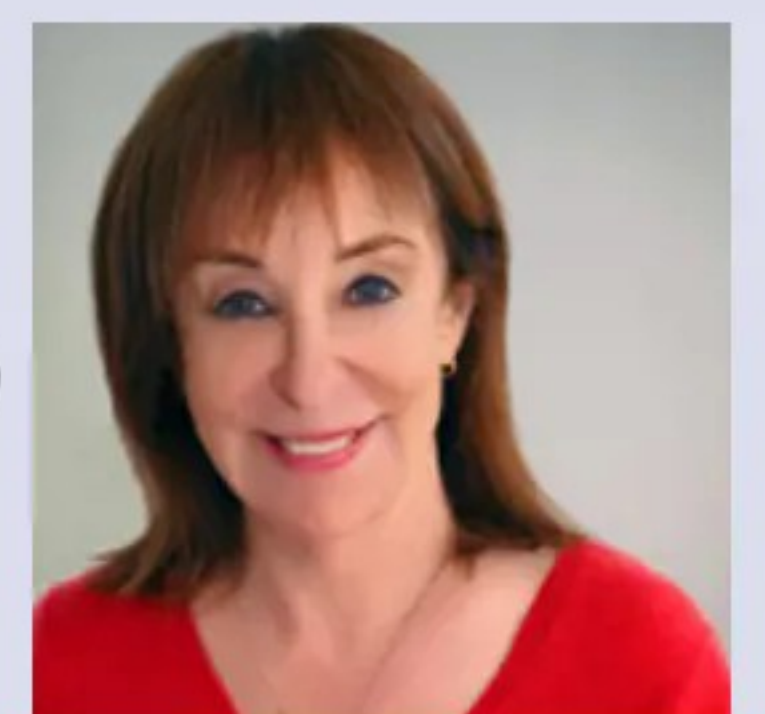
As a psychiatrist and empath, Dr. Orloff knows the importance of honoring a sensitive child's emotions and needs.



Based on Dr. Judith Orloff's teachings about living an empowered life as an empath, this beautifully illustrated story teaches us to live with beauty, sensitivity, and joy.

Get your copy of *The Highly Sensitive Rabbit* at www.DrJudithOrloff.com.

Judith Orloff, MD, is a psychiatrist, an empath, and a NY Times best-selling author who is a champion of highly sensitive children and adults. Her other books include *The Genius of Empathy*, *The Empath's Survival Guide*, and *Thriving as an Empath*. More information at www.drjudithorloff.com.



What's New On The Bookshelf?



The Behavior Toolbox

By Alana Simpson, BCAT, CAS

Here is a guide that includes practical solutions for challenging behaviors.

Is your child struggling with meltdowns or challenging behaviors?

Discover The Behavior Toolbox, the award-winning guide every parent needs! Packed with real, easy-to-follow strategies, this book helps you calm chaos, prevent outbursts, and understand your child's needs without guesswork.

Why parents love it

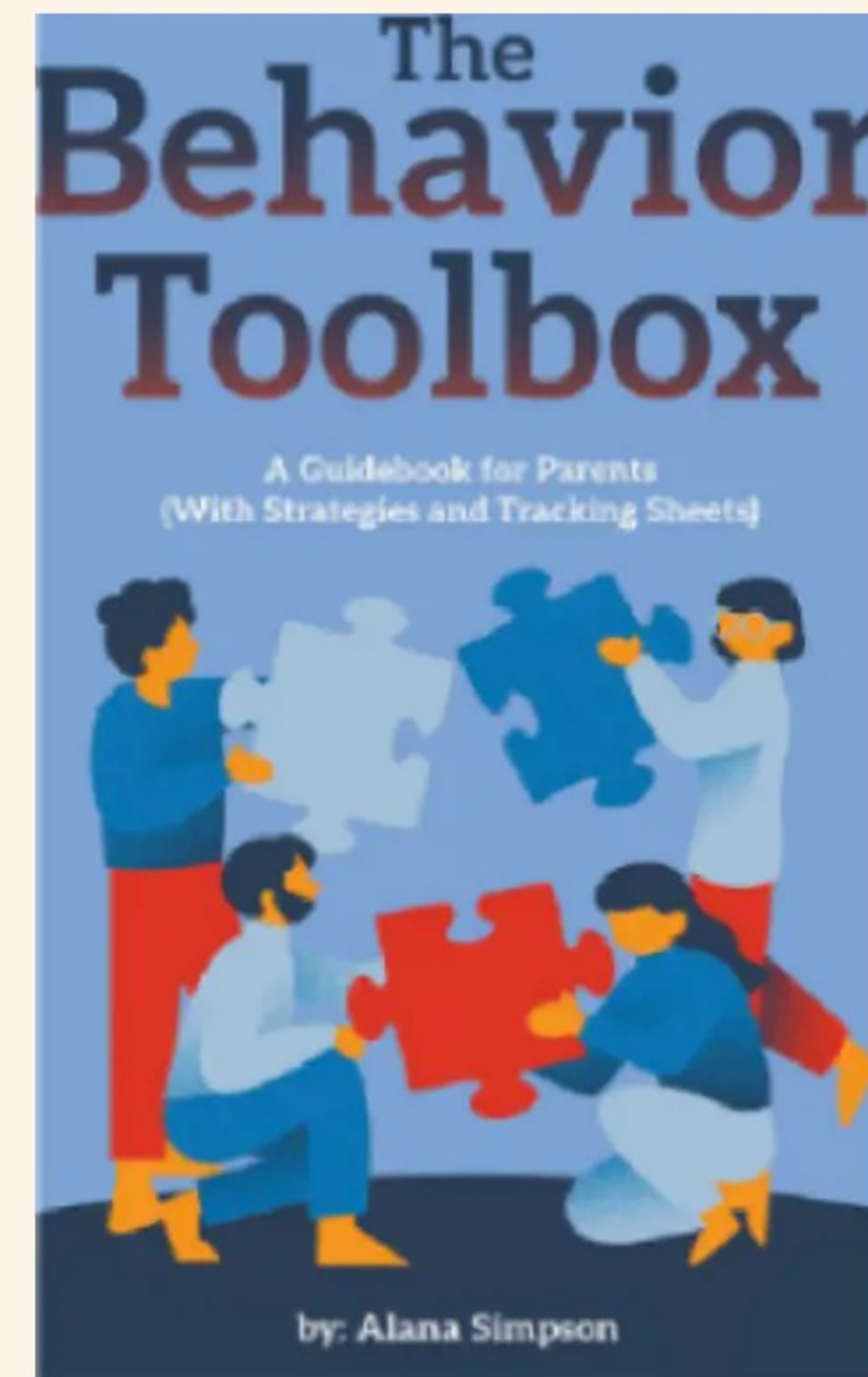
Created by a behavioral expert, this toolbox is your go-to for practical solutions that actually work. Whether your child is neurodivergent, nonverbal, highly sensitive, or just having a tough day, The Behavior Toolbox is designed to support you.

It provides clear, easy-to-use strategies that help parents respond calmly, connect meaningfully, and guide their child through big emotions without feeling overwhelmed or unsure of what to do next. It's not just a book, it's a lifeline in the moment.

Backed by real strategies used by behavioral therapists, The Behavior Toolbox empowers parents to feel confident, calm, and connected to their child even on the hardest days. Parents love how easy it is to use and how quickly they see positive changes at home.

Why it stands out

The Behavior Toolbox recently earned a national award for its impactful, family-friendly approach.



It's not just theory; it's filled with tools you can start using today to create a calmer and more connected home environment.

The book is also available at:

<http://books.by/spectrum-protection>

<https://www.amazon.com/Behavior-Toolbox-Guidebook-Strategies-Tracking/dp/B0D9MHVXS3/>

Alana Simpson, BCAT, CAS,

graduated from Bowling Green State University with a degree in sociology, earning certifications as a Board Certified Autism Technician and a Certified Autism Specialist with extensive experience in providing therapeutic interventions. Alana is passionate about helping individuals with their development and well-being. She has extensive experience implementing ABA interventions in diverse settings, including homes and center-based programs. Alana worked for four years as a behavioral therapist for the Center for Autism and Related Disorders. She is currently a behavioral therapist at an elementary school and has a comprehensive understanding of behavior analysis. She has successfully implemented individualized treatment plans for clients to achieve their goals across various environments.



What's New On The Bookshelf?



Footsteps of Two

By Joanne Elaine

Read about one mom's journey raising twins on the spectrum.

There are times when the path you thought you were traveling in your life becomes unclear.

You feel challenged, overwhelmed, and out of control.

Not everything goes the way we plan or want it to go.

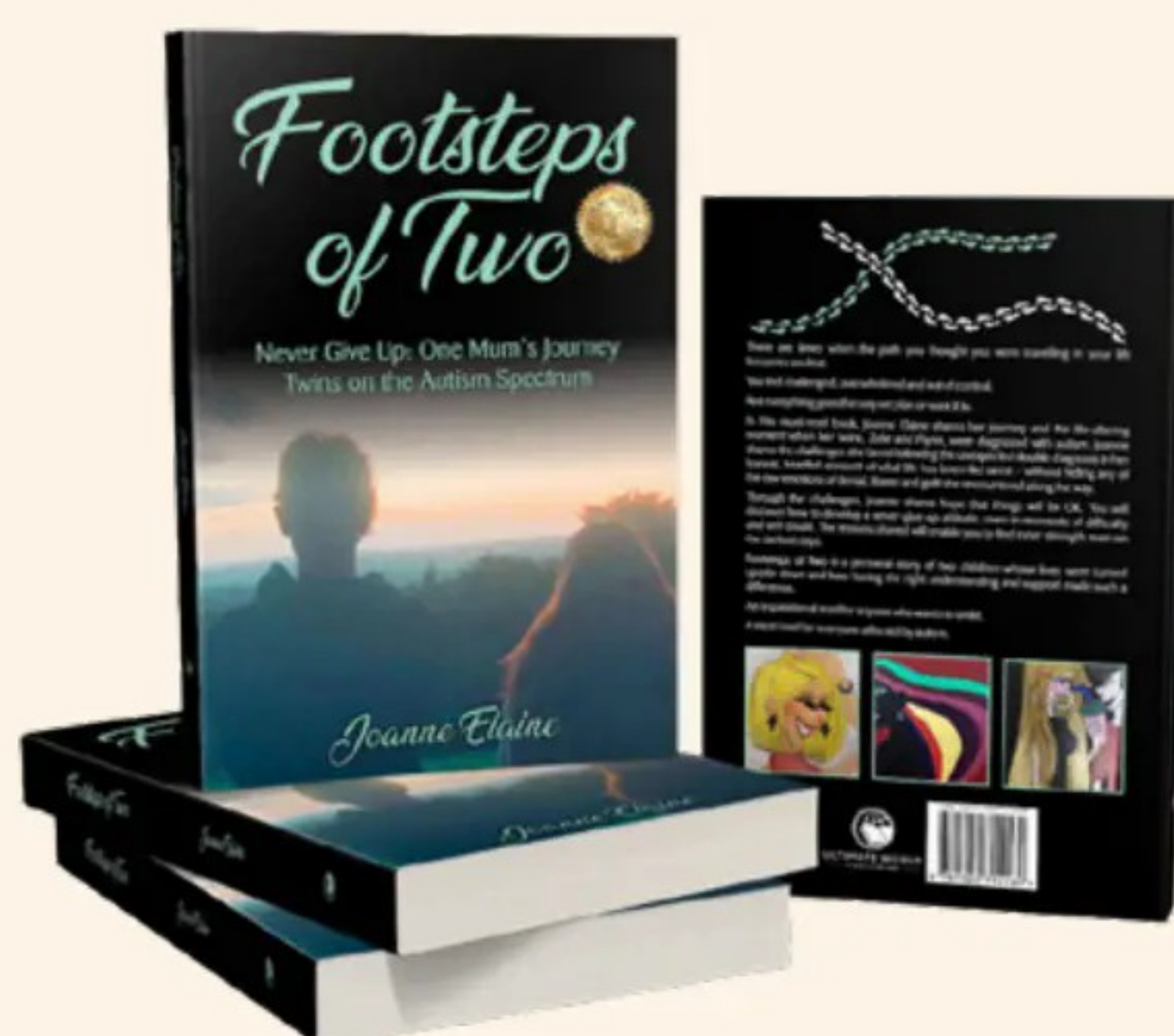
In this must-read book, Joanne Elaine shares her journey and the life-altering moment when her twins, Zalie and Flynn, were diagnosed with autism. Joanne shares the challenges she faced following the unexpected double diagnosis in her honest, heartfelt account of what life has been like since, without hiding any of the raw emotions of denial, blame, and guilt she encountered along the way.

Through the challenges, Joanne shares hope that things will be okay. You will discover how to develop a never-give-up attitude, even in moments of difficulty and self-doubt. The lessons shared will enable you to find inner strength, even on the darkest days.

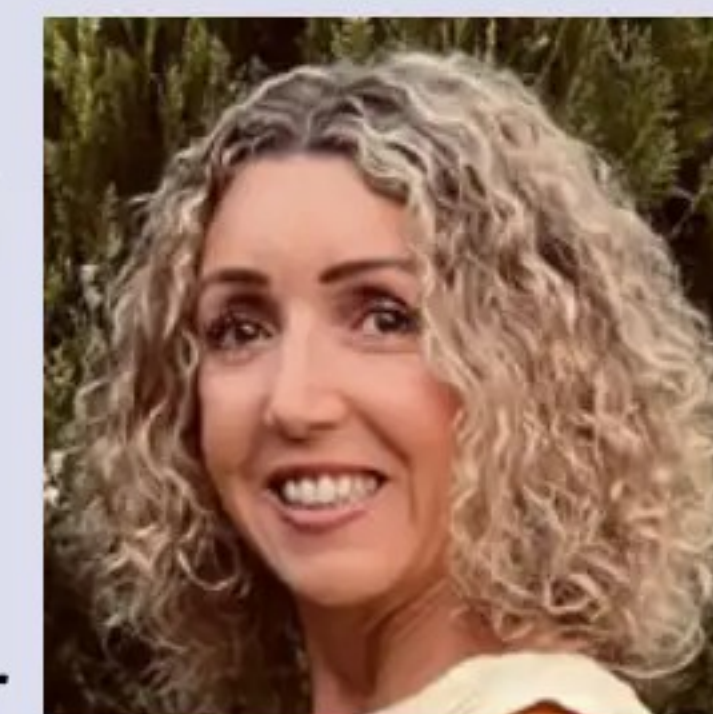
Footsteps of Two is a personal story of two children whose lives were turned upside down and how having the right understanding and support made such a difference.

An inspirational read for anyone who wants to smile.

A must-read for everyone affected by autism.



Joanne Elaine is a mother of four who lives in a leafy suburb of Melbourne, Australia.



Joanne worked in many varied and interesting industries for over 20 years as an executive assistant and auditor, fulltime, then part-time when she became a mom. Returning to university study when her youngest child was two years old, Joanne then worked with children with disabilities in pre-school, primary, and secondary school settings, while juggling a busy home life.

'Footsteps of Two' is Joanne's first book, a very truthful and heartfelt insight from a mother of twins on the autism spectrum. It is a story of navigating unknown territory and finding an inner strength.

Always a reader, with a strong interest in healthy eating, exercise, home renovating, and travel, Joanne's outlook on life is never to give up, which has assisted her in supporting her twins with their greatest challenge.

Mother to Bryce, Zalie, Flynn, and Anaye, Joanne has enjoyed bringing her dream to reality and finishing her book, written with a positive perspective to support others traveling a similar road.

In November this year, Joanne will be speaking about her journey at the Asia Pacific Autism Conference (APAC) in Perth, Australia. She will share lessons in resilience and empowerment, focusing on children, adolescence, and education.

Conference dates are November 13-15, 2025.



<https://tinyurl.com/Footsteps-of-Two>



<https://www.amazon.com/Footsteps-Two-Journey-Autism-Spectrum-ebook/dp/B0B2JVHKP8>





CONFERENCE PROGRAM

SATURDAY OCTOBER 18TH 2025

SUNDAY OCTOBER 19TH 2025



REGISTRATION 9:00 - 9:30

9:30 - 10:30

Sally Goddard Blythe MSc

History, Development and Future of the INPP Method



11:00 - 12:00

Ewa Gieysztor PhD

Neuromotor Status: Implications for Children's Cognitive, Social and Motor Skills

12:00 - 12:30

Maria Matuszkiewicz PhD

Research Indicating a Link Between Neuromotor Status and Anxiety in Children



13:30 - 14:30

Angelica Roland PhD

The Paradox of Late to Walk Due to Genetic Influence

14:30 - 15:30

Mikhail Lazarev MD

Sonatal Pedagogy: Harmonizing Physical and Mental Development in Infancy



16:00 - 17:30

Bent Peder Holbech

Music's Potential to Shape the Brain

Evening

GALA DINNER

Registration Required



9:00 - 10:00

Sônia Padovan Catenne MD

Theoretical Principles of the Padovan Method

10:00 - 11:00

Stefano Frediani MD

Neuromotor Immaturity and Its Relationship to Form and Function in the Orofacial Field



11:30 - 12:30

Vicente Domingo

When Your Eyes Depend on Your Body More Than You Think



13:30 - 14:00

Vicente Domingo Montrull

How the Presence of Primitive Reflexes, Although Subtle, Can Slow Down Vision Therapy in Adults

14:00 - 15:00

Harold Levinson MD

Using Vestibular-Cerebellar Theory to Understand Dyslexia



15:15 - 15:35

Michelle Evans

INPP Programme Contribution to a Child's Rehabilitation from Brain Tumour Treatment: A Story of Success

15:35 - 15:55

Leanne Seniloli

Randomized Control Trial Pilot Study of a Neuromotor Movement Programme with 4-Year Olds

15:35 - 16:15

Elaine Santos & Regina Salvetti

Integration between INPP and Neuropsychopedagogical Approaches in Serving Children in Shelters

16:15 - 16:35

Marta Not Monegal

INPP School-based Program: Effects on Primitive Reflexes, Motor Abilities and Risk Index for Dyslexia

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